
NSPC

Exploration of Experiences of Counsellors and Psychotherapists Providing Psychotherapy in Second Language

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Statement of Authorship

I, Mehrshad Arshadi, confirm that the work presented in this doctoral thesis has been performed and interpreted solely by me. This thesis has ethical clearance from the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University. It is submitted in partial fulfilment of the requirements of the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University for the Degree of Doctor of Existential Counselling Psychology and Psychotherapy. The author is wholly responsible for the content and writing of the thesis, and there are no conflicts of interest.

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Abstract

This research explored the experiences of bilingual therapists, whose first language was not English, conducting psychotherapy/counselling in English. Eight bilingual therapists/ counsellors who were originally from six different countries were interviewed using semi-structured interviews. All of the bilingual therapists had the experience of working in the United Kingdom in English as well as working in their own mother tongue.

The findings were analysed using Interpretive Phenomenological Analysis (IPA) and five clusters of themes were identified. The first cluster of themes was related to the emotions experienced, like 'anxiety' and 'frustration'. The second group of themes was those pertaining to the relationship of the participants with their clients, like 'avoidance of clarification', 'shift of attention' and 'delay in the pace of therapy'. The third array of themes described the professional identity of the participants as therapists/ counsellors, like fear of 'the client's judgment', or feeling of 'not being self', and also the possibility of a 'hierarchy of acceptance of languages in the United Kingdom'. The fourth collection of themes represented the support systems that were available to the participants when they had difficulties working in English as a second language. The prime source of support for the research participants was their supervisors. They also referred to 'review with their clients' and 'help of a colleague'. The fifth cluster of themes was related to any reference to culture in their interviews. All eight participants believed that culture and language overlap to some degree and are hard to separate.

The dissemination of this dissertation was to promote the awareness of bilingual therapists regarding the hardships of working in a second language, and to increase the awareness of supervisors, academic staff and regulating authorities like UKCP and BPS of the problems

bilingual therapists might face in working in English as a second language. This study recommends the integration of short-term workshops in the accreditation process or curriculum of studies of such bilingual therapists about the potential hurdles they might face in fulfilling their job as a therapist. As some of the findings—like avoiding clarifications or pretending to comprehend—could be potentially harmful to clients and their therapists, a systematic review of the work of international students or bilingual therapists who have language-related issues seems advisable.

Based on the findings of this research, some ideas for further studies are suggested. As most of the fear of being judged and the anxiety experienced by the participants were subjective experiences, a dyad study of both client and therapist experiences could investigate the similarities and discrepancies between the therapists' perceptions and their clients' experiences of them. Research into the experiences of the supervisors of such therapists could lead to a richer understanding of this phenomenon from another angle.

Keywords: Second language in Psychotherapy, Bilingualism, Counselling, IPA, Cultural differences

Chapter 1: Definitions and Importance of the Research

The objective of this research is a detailed phenomenological exploration of the experience of using a second language in psychotherapy from the therapists' perspective. For this research, the second language is exclusively English.

1.1 Why I Became Interested in the Subject: A Personal Reflection

I am an immigrant. I came to the UK in 2009 as an adult, but my story begins far away in one of the most troubled areas on earth. I was born and brought up in Iran, a beautiful vibrant country. I had a very happy childhood with wonderful parents and a large network of relatives, but in 1979, when I was nine years old, an Islamic revolution happened in Iran.

Two years after the victory of the Islamic revolution, Saddam Hussein's Iraqi army invaded Iran. This was the outbreak of an eight-year war that bombarded cities, killed thousands, and left many thousand others wounded and disabled. Nights were filled with tears and horror. Many people, including myself, became indifferent. Life was a process of living in the moment, and I was not sure whether I would be alive in the next moment, yet still, I had to plan for the future. This paradox took a grave mental toll on me. In my physical world, the battle was between life and death; in my personal world, the conflict was between autonomy and conformity. Spiritually, the conflict was between hope and despair, and in my social life, it was between loss and affiliation. In 2006, I lost my mother to cancer. My father did not survive his grief, and I lost him too, a few years later.

Finally, on 30 April 2009, I left Tehran for an unknown country after years of living in conflict, pain, and loss. To establish myself professionally and to obtain the required accreditation in

London, I started studying for the Doctor in Counselling Psychology by Professional Studies (DCPsych.) at New School of Psychotherapy and Counselling (NSPC).

When I first encountered the ideas of existential psychotherapy, they seemed radical to me. It was a huge shift from the prescriptive, diagnostic point of view of my previous training and professional practice to a more descriptive, subjective, phenomenological, and non-diagnostic attitude.

During this period, I was dealing with my fear of lack of structure and grounding. In Yalom's (1980) view, the paradox of living has two sources: one is the awareness of death, and the other is the absence of structure, the tension between our confrontation with groundlessness and our eagerness for ground and structure.

In most of the classes at NSPC, I was the only student with no educational background or lived experience in English, so I began to think of myself and the others as separated entities. This gave me a sense of alienation and isolation. I was living in the margins, and I had become timid and conservative. I started my placement in a multilingual counselling service, which used the Persian (Farsi) language, my mother tongue. My first experience with an English-speaking client was stressful. I was concentrating on words and accent, and I was worried that I might miss an important part of my client's speech. I was afraid that if I asked questions, I would look like a novice therapist.

It was quite hard for me to remember English names, to grasp emotions in English, and to find meaning in some of the individual experiences of my English-speaking clients. I could easily be distracted by an unknown word in my client's speech as if I were a schoolboy rather than a professional psychotherapist. Each unfamiliar word could also distract me from grasping the whole context. Besides anxiety about my English language proficiency, the other factor was the content-related differences between addressing a client in Farsi, my mother tongue, and in

English. For example, in Farsi we do not have any equivalent for ‘I wonder’, which shows uncertainty; instead, we use ‘I think’, which is more certain and direct. Because of this, on several occasions, I was questioned in my clinical supervision about addressing my clients incorrectly.

I was providing therapy in English without having any prior specific training in the language and cultural differences. In the review of the literature, I found that researchers have discussed a lack of prior training when providing psychotherapy in a second language. For example, Verdinelli and Biever (2013) reviewed previous research about providing psychotherapy in Spanish as a second language and concluded that most of the participants reported a lack of training to prepare them for working with Spanish-speaking clients. Thus, they felt less confident and less competent when working in their second language (ibid., p. 228).

However, my experience is not just limited to the negative aspects of being bilingual. Sometimes this experience has enabled me to understand the complexities of life better. Experiencing both languages and my difficulties has helped me to become more accepting and appreciative of my clients and their differences.

To summarise my difficulties related to language:

- A painful process of learning English through making mistakes that felt childish,
- Not understanding my clients’ experiences,
- A lack of motivation and a sense of life feeling meaningless,
- A fear of saying something wrong,
- Unwanted isolation,
- Too much self-awareness, and
- A need for approval of my English.

Some researchers believe that, in translating from one language to another, the client's narration loses most of its vigorous, coherent, and meaningful content (Movahedi, 1996). It can also strip the story of its cultural base and zeitgeist authenticity and can even make it appear to be paranoid, delusional, or conspiratorial (ibid., p. 843).

I have now worked for nearly eight years as a bilingual therapist in London. I see clients both in Farsi and English. It is still a struggle for me to express something that I have experienced in Iran (in Farsi) for my English-speaking clients and vice versa. Thus, the dilemma is still there: Is it possible to express an event in the second language while the memories are in the first language?

As a client, my bilingualism afforded me a positive experience. Although I felt that I needed to explain everything, and this took a lot of my therapy time, as I was afraid of being misunderstood by my therapist, I found myself more comfortable talking about my sad experiences in English. This was partly because I could find more technical words to address different emotions in English compared to Farsi. The other reason was the ability to talk about my life experiences because of the level of closeness and therapeutic alliance I had with my therapist. Contrary to the literature, which emphasises the lack of authentic emotions in the second language, I could experience a wide range of genuinely true emotions. I asked the therapist with whom I had the best therapeutic experience to write me his view of our connection in the therapy room and how he experienced language and cultural difficulties with me. Here are his exact words:

> *My experience was in line with yours in that I felt that your emotions were very accessible in the work… your command of English is excellent but I also felt that sometimes the opportunity to explore the language differences themselves led to greater understanding… if I wasn't sure what you meant we were able to find another way to get at the meaning. We sometimes did this through metaphor or simile – finding another*

example or idea that might get us closer to agreeing on what would be solid ground. You were also able to quote Rumi or other poets/writers who may have expressed what you wanted to say another way. The fact that you are also a poet perhaps gives you an advantage over other people in that words are a tool for you.

I find we naturally worked in quite a phenomenological way which may have an advantage over Freudian analysis – at least in terms of strict interpretation – using symbols or symbolic language were more useful to us (and would perhaps be more Jungian or Lacanian).

In terms of culture, I found the difference an important part of getting to know you…in explaining your world to me it was necessary to share your story growing up and how your context affected your sense of self in the world. You were also able to show me a world I did not know about and what it's been like for you to be in England – the good and the bad!

In summary, I haven't felt that either language or culture have got in the way of the work... I guess it's hard to say whether that is because we are a 'good fit' to work together, or that we are both from a creative background and therefore able to use our creativity to get around any hurdles. My suspicion is that it has helped but is not the whole picture…I think that since so much communication is nonverbal that people will always find a way to understand each other and as long as the working relationship is good errors can be corrected…where there's a will there's a way! (S. W. 01/12/2015, with his written permission)

My experiences as therapist, student, and client triggered my curiosity to study language, a subject close to my heart and a source of contradictory emotions for me. Meanwhile, there is always the danger of being trapped by own's biases in such kinds of study, as the phenomenon

has been experienced directly by the researcher. It is vitally important for the researcher to observe the phenomenological principles closely.

1.2 Importance of the Research

1.2.1 What statistics reveal

Language is the essence of what we are. We understand the world by thinking, and our thoughts are understood through language. Every language has its own picture of the word and its own kind of ethnopsychology (Costa & Dewaele, 2014). It affects our self-perception, our life construction, and the perceptions of others. Most people feel different when speaking in a different language, but some of them are more aware of this change (ibid.). Ethnic composition of the population of the Great Britain in 1991 was 94.5% white and 5.5 ethnic minorities. (Lago 2006) This composition was changed in 2011 in which of the population of England and Wales (around 56 million), 48.5 million were born in the UK, and 7.5 million had a different birthplace. In 2011, the census shows that 8% of the usual residents of the UK aged three and over did not speak English as their first language (Census, 2011). In London, 22% had a different first language, and around 18.5% of those individuals either could not speak English or could not speak English well (ibid.). In London, over 300 languages are spoken by school children. London is one of the most linguistically diverse cities in the world (Burck, 2004).

In the USA, the non-English-speaking population has shown an increase of 140% since 1980 (Ivers et al., 2013). In 2007, 54 million people spoke a language other than English in the United States (ibid., p. 220). For example, the US Census Bureau (2010) shows that approximately 34.5 million people speak Spanish in their homes in the US, and half of them cannot speak English very well (Verdinelli & Biever, 2013, p. 227). Meanwhile, less than 3% of mental health professionals in the US are Latino (ibid.). It is estimated that, by 2050, 20% of all Americans will be Hispanic (Santiago-Rivera, 1995). With the increase in global

migration, both therapists and clients have more choices than that of only practising or receiving therapy in their host country's language. Such choices would have an effect on the nature of the therapeutic interaction (Byford, 2015, p. 333).

1.2.2 What professional bodies believe

Although the British Association for counselling and psychotherapy (BACP) and the British Psychological Society (BPS) claimed (in an email response to my official request for statistical information of the second language of their therapists) that they do not keep language information of their therapists, the BACP website includes 46 languages besides English as the languages spoken by their registered counsellors (BACP, 2016). The BPS has a different section under the title 'language skills required' in the section on chartered psychologists, and it includes 36 different languages besides English (BPS, 2016). The American Psychological Association (APA, 1993) provides guidelines for psychotherapy with non-native clients. With respect to language diversity, it stipulates clearly that the clients must be offered services in the language they prefer if the therapist is bilingual. Otherwise, the therapist must refer the client to the appropriate counsellor who speaks the client's language or uses a trained interpreter (Fuertes, 2004, p. 85). I officially asked the UKCP the same question, to check whether we have the same policy in the UK or not. They replied as follows:

> *UKCP does not have that requirement specifically. As you can see from our codes (attached), registrants are expected to respect the best interests of their clients, not to exploit their clients financially (to take on a client they cannot sufficiently communicate with, for example), and as well as to respect the client's autonomy. It also states the following:*
>
> *5.3 The psychotherapist commits to recognise the boundaries and limitations of their expertise and techniques and to take the necessary steps to maintain their ability to practice competently.*

5.4 If it becomes clear that a case is beyond a psychotherapist's scope of practice, the psychotherapist commits to inform the client and where appropriate offer an alternative psychotherapist or other professional where requested.

And so, while our requirements are not explicitly similar, they can be implied within our codes. (Quality Assurance and Regulation Officer UK Council for Psychotherapy, 25 Nov 2015)

1.2.3 Talking therapy

Although the number of bilingual counsellors is increasing due to immigration, bilingual counselling receives significantly less attention regarding educational and practical issues (Fuertes, 2004; Georgiadou, 2014). Georgiadou believed that, although international counselling trainees have similar problems to other international students, including problems with academic progress and coping with a fresh style of teaching, acculturation problems, feelings of discrimination, and problems related to language proficiency and communication (2014, pp. 10–11), there is evidence in the literature that they face challenges in practising counselling because of the linguistic and cultural barriers (ibid.).

Psychotherapy and counselling use the medium of speech for their purpose. Freud was the first person to use the term '*talking cure*' to emphasise the pivotal role of conversation in this kind of therapy. This importance remains the same for any kind of psychotherapy and counselling (McLeod, 2011, p. 11). '*Counselling and psychotherapy are the contemporary versions of healing, reconciliation, adjustment, and meaning-making that exist in all cultures*' (ibid., p. 17). If the client and/or the therapist does not have a very good command of the host country's language, and psychotherapy is only provided in the host country's language, it can compromise the quality of psychotherapy, as the client and the therapist may not have a proper understanding due to language and cultural barriers (Verdinelli & Biever, 2013).

The study aim of this research is to explore in depth how bilingual-bicultural psychotherapists in London experience working with native (English) speaking clients. The effect of language and culture on their work as psychotherapists, both negative and positive, will be analysed. Many studies have emphasised the importance of the psychotherapist's mental health and adjustment to their functioning. Christodoulidi (2010) suggested that '*because of the nature of psychotherapy, personal equilibrium and state of mind are keys to their fitness to practice*' (ibid., p. 104).

If language and cultural differences are found to have some role in the psychological well-being of mental health professionals, supporting strategies could be implemented. The aim of this study is to explore this phenomenon at various levels. The researcher hopes to gain some understanding of the experience of performing counselling/psychotherapy in English as a second language. This research would help to increase our knowledge about the difficulties such bilingual therapists might face, the emotions they experience, the pros and cons of performing therapy in a language other than their first language, the quality of their relationship with their clients, and finally the support such bilingual therapists receive.

1.3 Definitions

The aim of this section is to review the definitions of concepts that the researcher will study. As some of the terms like bilingual are used in different contexts, it seems essential to make it clear what the researcher means by the terminology used in this research.

1.3.1 What is bilingualism?

To define the level of English spoken by the participants, it is important to clarify what is meant by the term *bilingualism.* Bilingualism/multilingualism has its root in the early history of the human race and its migrations (Marcos & Urcuyo, 1979). According to psycholinguist Francois Grosjean (2010), bilingual has different meanings according to its context. For this document,

by *bilingual*, I mean a person who knows and can use two or more languages: '*Bilinguals are those who use two or more languages (or dialects) in their everyday life'* (ibid., p. 4).

According to Grosjean (2010), two points must be emphasised in this definition:

1. Emphasis on language use rather than language fluency, and
2. Inclusion of those who use more than two languages (multilingual).

The origins of bilingualism, according to Grosjean (1982, 2010) are:

1. Movement of people and migration,
2. Intermarriage,
3. Education,
4. Linguistic makeup of a country and the language policy of that country, and
5. Special professions.

1.3.1.1 Criteria of use versus fluency

According to Huston (2002), true bilinguals are those who have gained mastery over two languages in their early childhood and can move back and forth between them easily (Huston, 2002). Sometimes they are referred to as pluri-lingual to distinguish them from polyglots, who have learnt a second language later (Aragno & Schlachet, 1996).

This means that true bilinguals show a native-speaking command of both languages. They have two separate languages, that is, two different sets of vocabularies and semantic codes (Marcos & Urcuyo, 1979). However, very few bilinguals are like this, and these are referred to as special bilinguals or balanced bilinguals (Grosjean, 2010).

Most bilinguals are subordinate bilinguals (Marcos & Urcuyo, 1979). Such bilinguals have two separate linguistic systems. Each language has its own vocabularies, syntax, meanings, and

ideas (Greenson, 1950). One of the main characteristics of these bilinguals is their difficulty in processing information in the non-dominant language (ibid., p. 332).

Most bilinguals do not need to be equally competent in all their languages. The level of fluency will depend on their need for a language and will be domain specific (Grosjean, 2010, p. 21). For example, some are bilinguals by education; they have spent some time studying in a foreign country (Fuertes, 2004). It is obvious that such bilinguals are more fluent in the subject they have studied and may show some language barriers in other domains. As the fluency is correlated with the use of that language, their mother tongue could become their non-dominant language if it is not used frequently (ibid., p. 85). Factors related to choosing a language are participation, situation, content of discourse, and function of interaction (Grosjean, 2010).

One of the principal characteristics of bilinguals that are sometimes referred to as subordinated bilinguals is the language barrier. Because of this, they have difficulty in understanding and/or expressing themselves in the non-dominant language (Marcos & Urcuyo, 1979).

Despite the general view, bilingual people are considered a majority in the world, as most of the people in Europe, the Middle East, Asia, Africa, and Latin America are bilingual (Marcos & Urcuyo, 1979). Around half of the world's population is bilingual (Grosjean, 2010).

For this research, by *bilingual*, I mean subordinate bilingual with English as the subordinate language, specifically, the individual who was born and raised in a non-English-speaking country and then has learnt English as an adult later in his/her life.

1.3.1.2 Operational definition

Counsellors and therapists who are foreign-born are referred to as translocated therapists, transnational, international, or immigrant therapists, and so on (Kissil et al., 2013). For this research, I use the phrases bilingual counsellor and bilingual therapist interchangeably. By *bilingual therapist/counsellor*, I mean therapists/counsellors who were born outside the UK in

a non-English-speaking country, then learnt English as an adult and immigrated to the UK to work as a therapist/counsellor. For additional criteria referring to participants, please refer to Chapter 3.

1.3.2 Language and culture

Culture consists of ways of maintaining the life of a group of people and their habits, customs, and ideas (Grosjean, 1982) as well as their social values (2010). Some believe that identity, language, and culture are strongly bonded together, as language is considered the most crucial factor in maintaining a culture (Verdinelli & Biever, 2009). It is important to review the definition of *biculturalism* as a concept related to bilingualism.

Dewaele and Costa (2013) compared the relationship of language and culture to DNA and genetics (ibid., p. 41). Aragno and Schlachet (1996) believed that each of us has a unique collection of smells, sounds, colours, and places that we have been to that form part of our unique worldview. These are early internalisations of our culture, part of which is our inseparable mother tongue. Bicultural people take part, to a varying degree, in the life of two or more cultures (Grosjean, 2010, p. 109). They also have at least a partial adaptation to all these cultures, and finally, they have mixed elements of each culture (ibid.). Adaptation can be very hard and accompanied by a sense of loneliness, aggression, self-criticism, bewilderment, and fear of being ridiculed (Grosjean, 1982; Van der Veer, 1998). The difference between bicultural and bilingual is that the former can switch completely from one language to another, while switching completely from one culture to another is not possible, and elements of each culture remain in the behaviour of the person (ibid.).

Having said this, some scholars believe that biculturalism and bilingualism are not necessarily co-existent (Grosjean, 2010). It is possible to learn foreign languages without immersion in

their respective cultures, or even to emigrate to a new society and learn its language fluently without adhering to the new culture.

One example of being raised in one language and having an affiliation with another culture is western-born youngsters living alongside extremist groups in the Middle East. When two people use the same language, despite having two diverse cultures, the use of language becomes very complicated (Byford, 2015). For further discussion of this, refer to the Chapter 2 section on language and acculturation.

LaFromboise et al. (1993) believed that the following factors help bicultural people to live in peace: having a positive attitude towards both cultures, having adequate knowledge of both cultures, and creating a good social network of both cultures. For more on this subject, refer to the section in Chapter 2 on language and acculturation.

When speaking of practising psychotherapy in the mother tongue or a second language, the cultural issues that are interwoven into language also come to the surface. While it seems evident that cultural knowledge is as important as language proficiency, there is no completely convincing data on all aspects of culture, for example, about the importance of client-therapist ethnic matching and its effect on the therapy outcome (Verdinelli & Biever, 2013). In their recent research into providing psychotherapy in Spanish as a second language by therapists who are not ethnically Latino, Latino clients had a moderate preference for a Latino therapist, but when it came to assessing the therapist's competency, it had little to do with the therapist's ethnicity (ibid., p. 228). They concluded that having a different ethnicity can cause some challenges in the therapeutic alliance, which can be overcome if the therapist has a good command of the Spanish language and shows interest and respect for Spanish culture (ibid., pp. 235–236).

Santiago-Rivera (1995) proposed a multimodal model to cover both language and culture in assessment and psychological interventions. She discussed the acculturation level, which affects the language user preferences, the relationship between the language preference and adherence to cultural values (ibid., p. 16), psychological and physical health and its relationship to the language (for example, she cited some bilingual schizophrenic patients who show greater symptoms in their native language than in English), and finally, the therapeutic modalities and intervention strategies (ibid.).

As both the therapist and the client pass through different stages of acculturation, Fuertes (2004, p. 90) suggested that the therapist must be further along in becoming acculturated than the client regarding '*awareness, knowledge, and comfort with the process of acculturation*'. If the therapist's level of acculturation is equal to the client's (parallel relationship) or if the client's level of acculturation is way ahead of the therapist's (regressive relationship), then a conflict in values and goals of therapy ocurrs (ibid.).

1.4 Second Language Acquisition

Vygotsky (1962) and Perez Foster (1998) believed that verbal language stems from the nonverbal mode of communication between mother (or early caretaker) and child. Words, in addition to the link between their real events and their linguistic equivalents, have another link that is the mutual experience between the mother and child. This experience is unique for each person (Perez Foster, 1998, p. 25). '*Mothers speak with babies rather than to them. The mother does not teach the child to speak but communicates, and the learning process is fluid*' (Canestri & Reppen, 2000, p. 155).

Learning a second language as an adult and having a good command of that language depend on the lexical factor (vocabulary), the syntactical factor (grammar), and the phonetic factor (ability to pronounce correctly) (Marcos, 1976). The second language is not as coherent nor as

smooth as the first language, as the speaker may lack certain vocabulary or may associate it with certain emotions like pleasure or defensiveness (Canestri & Reppen, 2000). To illustrate the impinging effect of the first language on the acquisition of the second language, Marcos (1976, p. 554) used a table, which has been copied here.

Table 1.1: Effects of the first language on the second language.

First Language	**Word Selection**	**Grammatical Order**	**Articulation**	**Word**
Second language	1st language word selection 2nd language grammatical ordering	1st language grammatical ordering 2nd language articulation	2nd language translation equivalents	WORD

While we can improve our lexical and syntactical factors, some believe that learning a foreign language with a native-like accent can be done only in a short window of time when the child is very young. Later, it becomes almost impossible to acquire a new phonetic-phonematic system to be able to speak without a foreign accent. However, there are exceptional individuals who have been able to gain full mastery of a new accent (Rodriguez De La Sierra, 1995).

Some recent neuroscience studies show that the limbic system, which is responsible for triggering and executing emotions and for processing memory information and communicative function, is less involved in learning a second language when the learning happens after childhood. This can lead to a '*difference between an embodied and disembodied language*' (Byford, 2015, p. 335), and there is also some evidence to support the theory that the first language and second languages have access to different memories. Linguistic memory can be summoned by the language in which those memories have taken place (ibid.). Such findings

can explain why some autobiographers talk about having a different personality in the second language (Chapter 2: Language and Acculturation).

The second language acquisition sometimes not only brings a different experience to old concepts but also generates a set of completely new concepts. Pavlenko (2011) studied autobiographies written about immigration and quoted from them regarding learning new concepts. She mentioned Mary Antin, a Jewish woman who escaped Tsarist Russia and fled to the USA. She attested that learning English to a high proficiency level not only helped her to express her thoughts in the second language but also helped her to understand new concepts like privacy and women's rights (ibid., p. 24). Some languages allow or restrict certain concepts, depending on the value they attach to them, for example, assertiveness, which is very acceptable in one language but can be felt as being rude or selfish in another (Byford, 2015).

1.4.1 Advantages and disadvantages of being bilingual

Bilingualism seems to encourage divergent thinking (Grosjean, 2010, p. 99). Bilingualism helps in understanding of the relativity of concepts and in not taking anything as final (Byford, 2015).

Some studies show that bilinguals are better at some cognitive performance, like elaboration and flexibility (ibid.). Some studies show that learning a second language can improve cognitive abilities like concept formation, attentional control, problem solving, self-efficacy, and flexibility in thinking (Ivers et al., 2013). Bilingual individuals also have a better capacity to manage a larger quantity of mental stimuli (Ibid., pp. 222–223). By learning a second language, one directly or indirectly is immersed in cultural materials as well. Research shows that people who have bicultural experiences are more innovative and more receptive to new ideas compared to those with only one culture (ibid., p. 225). All of these qualifications seem to be pertinent to be a good counsellor (ibid.). Bilingualism can increase open-mindedness and

cultural awareness. Dewaele and Costa (2013) noticed that the counsellors who learn a foreign language perceive themselves to be better attuned to other languages and to the bilingual clients.

Bilingualism may also contribute to cultural tolerance (Grosjean, 2010). Dewaele and Costa (2013) believed that a bilingual person might experience anxiety to a lesser extent. He/she is also capable of suspending his/her immediate assumptions and of exploring ambiguous situations.

There are also some practical advantages; for example, bilinguals might have better job opportunities. At the same time, there could be some potential difficulties that bilingual people might face. For example, non-balanced bilinguals may become tired of, or frustrated with, using their second language (Grosjean, 2010). There are some reports of the struggle of bilingual people with their second language due to the influence of their first (stronger) language. The second language can be influenced by the first language's accent, idioms, and colloquial variations (Akhtar, 1999). Learning many languages either as a child or later in life may predispose the multilingual person to break down later in his/her life because of the confusion of using multiple languages. However, there are many perfectly happy multilingual people with no emotional breakdown (Rodriguez De La Sierra, 1995). Finally, some bilinguals may find a sense of alienation for bicultural bilinguals, a sense that they do not belong to any of their cultures (Grosjean, 2010).

1.4.2 Attitude towards language groups

Half of the world's population speaks more than one language (Canestri & Reppen, 2000). In some nations, bilingualism is the norm, for example in Québec, Canada, where it is natural to speak both English and French. In some other countries, a spoken version of the mother tongue is used by people, but the written form is not encouraged by the government, as in the Iranian

province of Azerbaijan. Factors that contribute to bilingualism in a country are specific language proficiency, general language proficiency, the age of language acquisition, the amount of language use, and the length of time using each language (Pavlenko, 2011, pp. 37–38). Many linguists assume that language is not just a communication device but a social identity symbol (Grosjean, 1982), so it is accompanied by the attitudes and values of both its users and those who cannot use it.

Grosjean (1982) collated research that shows different attitudes towards other languages; for example, in one study, English speakers in Québec evaluated English speaking more favourably in traits like intelligence, independence, kindness, and ambition (ibid.).

Another interesting finding is that bilinguals have a less negative attitude towards minority groups and are less positive about the majority group compared to monolinguals (ibid.). Verdinelli and Biever (2009) cited Giles (1970) regarding the theory of accent prestige. According to this theory, those who speak English as a second language with a foreign accent in an English-speaking country are considered '*less intelligent, less educated and less successful (The dimension called status)*'. They are also perceived '*as less friendly, less trustworthy and less kind (The dimension called solidarity)*' (ibid., p. 238). They also mentioned that researchers show that people who have a standard accent are perceived with a higher rating in the status dimension (ibid.). Attitudes of monolinguals towards bilinguals can vary from very positive to extremely negative (ibid.).

1.5 Summary

This chapter started with a detailed personal reflection about the second language and how the researcher became interested in the subject, followed by the importance of the research and the definitions of the concepts used in this thesis. There are contradictory findings of the pros and

cons of being bilingual. In the next chapter, a more in-depth review of the previous studies will be presented.

Chapter 2: Review of Literature

2.1 Introduction

Although there seems to be no doubt about the importance of language in psychotherapy to the point that some researchers describe psychotherapy as a '*talking cure*' (Clauss, 1998, p 188), there is limited literature on this issue. This limited literature is mostly about multilingual clients rather than the clinicians' language experience (ibid., p. 193; Sprowls, 2002).

Kissil et al. (2013) believed that the focus on bilingual therapists in such limited literature is mainly due to the training experiences of international students and their relationships with their supervisors (ibid., p. 134). This limited research is mostly about language-related issues based on psychoanalysis. Such papers emphasise the use of the second language as the client's defensive manoeuvre when facing anxiety-provoking matters (Byford, 2015).

2.2 The Second Language in the Therapy Room: The Client's Perspective

2.2.1 Code switching

Code switching is '*a bilingual communication strategy consisting of the alternate use of two languages in the same phrase or utterance*' (Wei, 2007, p. 512). It seems that switching language during therapy was a common phenomenon at the beginning of psychoanalysis, as many of the therapists and clients were bilingual and were using languages other than their mother tongue. Having said that, there are not many papers addressing this phenomenon (Movahedi, 1996). One possible explanation could be that psychoanalysis is more concerned with the intrapsychic residues of early childhood and not very keen on sociological and cultural factors, or it could simply be because they wanted to forget the trauma of immigration and assimilate into their new country as soon as possible (Akhtar, 2006 p. 22).

Historically, Freud himself practised therapy in a second language, and he had clients from all over the world including France, Russia, and the USA who were treated in a second language, German. Freud himself had problems with languages, especially with his English (Rodriguez De La Sierra, 1995), and it seems that he was aware of this. In a letter to Raymond de Saussure, he talked about the inevitability of losing one's language because of living in another country (ibid., p. 185). However, as he moved to London from Vienna at the age of 82 near the end of his life, the transition to the English language did not affect his work much and so did not draw his attention significantly (Akhtar, 2006).

According to Perez Foster (1998), the first report on the problems of practising psychotherapy in a second language was written by Buxbaum and Greenson in 1949–1950. They were two German-English psychoanalysts who suggested that bilingual psychoanalysis in a second language might cause some of the patient's psyche to be unavailable to the analyst (ibid., p. 10) because the stories of the patients are unrelated to the language in which the treatment is done.

Sapir (1929), quoted by Perez Foster (1998), believed that we ask people to see and experience things in certain ways because of language habits: '*The language habit of our community predisposes certain choices of interpretation*' (ibid., p. 209). If this is true, then bilingual people have two or more sets of cultural-linguistic repertoires with which to experience and interpret the world. This is likely in accordance with the popular belief that, by learning a new language, one gains a new personality.

Some studies into bilingual patients in psychiatry and psychology have shown a strong bond between the sense of self (identity) and the spoken language (De Zulueta, 2006), which means that our language not only forms our perception of the world but also our perception of ourselves (ibid.). Bilingualism can have some downsides for therapy because early memories are encoded in the first language and may be hard to recall in the second, depending on the age that the second language is learnt and how much of the person's memories are formed in the

mother tongue. Individuals might feel that a large part of themselves is not attending therapy in a second language (Dewaele & Costa, 2013).

In therapy, with a bilingual client, two sets of issues must be addressed. The first set is about the assessment and interventions we do for all our clients, whatever their language diversity, for example taking a history of the client's problems, formulating the therapy, and setting therapeutic goals. The second set, which is specific to bilingual clients, includes issues relating to the client's language use and limitations, acculturation, and adjustment to the new society (Fuertes, 2004, p. 85). Even the first set of assessments could be affected by the language fluency of the therapist and the client. Marcos (1976) mentioned a significant distortion in psychiatric assessment of patients without a good command of English.

Marcos and Urcuyo (1979; Marcos, 1976, p. 553) believed that true emotions cannot be experienced in the second language simply because of the language barrier. Clients in the second language have problems with articulating the words and understanding the process. They may discuss very sensitive, emotionally charged issues without showing the appropriate emotions. This makes the experience vague and unreal for both the counsellor and the client (ibid.). This happens because clients '*verbalising in their non-dominant language often invest extra attention in how they say things and less in what they are saying*' (ibid., p. 332). Santiago-Rivera (1995) reviewed previous researchers on Hispanic bilingual clients and concluded that Hispanic clients who are fluent in Spanish might show more interest in pronouncing English words correctly than conveying content that is therapeutically relevant (ibid., p. 14). Such clients show marked anxiety about the usage of words, grammatical accuracy, and pronunciation, which makes their language sterile (ibid.).

Aragno and Schlachet (1996) believed that real emotions are not experienced in the second language, not because of language imperfection but because the second language does not have the vibrant hues and emotional agency that exist in the mother tongue. They also believed that

their theory applies only to exploring the early experiences of the client. If the client's issue pertains to a later developmental phase when the client has acquired a second language, then having access to the true emotions is not a problem (ibid.).

Skulic (2007) reviewed the literature on bilingual psychotherapists. Since most of the papers he reviewed are related to psychoanalysis, he emphasised code switching as a defence method to reduce anxiety in a client (ibid., p. 14). He further concluded that therapy in a second language is contraindicated due to detachment from the original feelings (ibid.).

It seems that code switching was a phenomenon from the early years of psychotherapy/psychoanalysis, as the pioneers of this new approach were mostly immigrants who performed psychoanalysis in a second language. They also practised therapy with their clients in another language (Movahedi, 1996). Movahedi (1996) proposed that a review of early papers shows anxiety as the prime determining factor in choosing a language in therapy. The client tends to use the language that is the least anxiety provoking (ibid., p. 838). If our mother tongue gives us a real sense and the second language can be used as a protector to keep us away from painful, overwhelming memories, then the therapeutic implication of this theory is that therapy in the second language simply helps the manifestation of the false self (De Zulueta, 2006, p. 157).

One can argue here that if we have the capacity to use a second language in the service of self-protection against something painful, we can use this strategy of hiding behind the words in our mother tongue. This kind of distortion, whatever we call it depending on our psychotherapeutic approach (defence in psychoanalytic or inauthenticity in existential therapy), might happen in our mother tongue as well.

2.2.2 Language, anxiety, and sense of identity

De Zulueta (2006) indicated that language is intrinsically linked to our sense of identity. According to her, a second language learnt after puberty can give us a false identity. This self-deception and distortion of reality can protect us from a reality that is too painful and unbearable and help us to shape it as we want (ibid.).

Movahedi (1996) quoted from Erikson (1946) that the client's insistence on using a second language in therapy is an attempt to repress his or her past ego identity (Movahedi, 1996, p. 838). He believed that, in this way, the client can re-write his or her own history.

In an experiment in a workshop hosted by Dr Ali Zarbafi at the BACP in 2013, participants were asked to discuss their experiences of not being able to speak their mother-tongue language, for instance as a tourist in a foreign country. The participants expressed memories associated with loss, confusion, and feeling powerless. These negative feelings were intensified if they were in a vulnerable position (Zarbafi, 2013). Interestingly, they had a sense of gratitude and idealisation when they received understanding and concern. When participants discussed their mother tongue, they could associate it with feeling safe, relaxed, and comfortable (ibid.).

In similar research, Costa and Dewaele (2014) described the pleasant feeling of speaking in the mother tongue in the presence of a benevolent therapist, even if that therapist does not understand a word of what has been uttered.

Bayson (2010) believed we have two types of dialogues, with ourselves and with others. In bilinguals, such interpersonal and intrapersonal dialogues happen in two different languages, and as a result, the emotions are more attached to the first language. If this is true, then it cannot be considered a completely negative phenomenon. For example, Burck (2004) suggested that the distance produced by the second language could become protective and may help the client to talk about a traumatic experience that has been impossible to talk about in his or her first

language (ibid., p. 334). Costa and Dewaele (2014) proposed that people feel greater healing in a second language because this second language is not associated with the abuse and trauma that they have experienced. In addition, Marcos and Urcuyo (1979) believed that clients can talk about the unsaid in a second non-dominant language. Thus, perhaps the therapist who is working with a non-English client in English will improve his or her work because the client feels better talking in the second language (English) rather than in the mother tongue.

Psycholinguistic researcher Francois Grosjean (1982, 2010) had a similar viewpoint. He suggested that sometimes expressing emotions in the second language might be easier, either because the memories and the emotions are too strong to be summoned in the first language or because, in the second language, the client feels more able to talk about forbidden issues and taboo subjects (Grosjean, 2010). Zarbafi (2013) had an even more radical idea when he posited that clients might choose to go to therapy in a second language to distance themselves from their mother tongue and to gain perspective.

Akhtar (2006) cited the example of one of his clients who had an apparent prejudice against Asians. He assumed Indians to be incompetent, yet later he admitted that he had chosen Dr Akhtar whom he considered incompetent to avoid being hurt while undergoing psychoanalysis.

Similarly, Byford (2015, p. 336) concluded that some people can deliberately create a new identity for themselves in a new language with their desired emotional depth and self-regulation. This way they can overcome the restriction of one language and present themselves with a different identity in the new language.

Dewaele and Costa (2013) studied the experiences of 182 multilingual clients (141 women and 41 men) in various countries using varied therapeutic approaches with bilingual therapists. They used an online questionnaire. The participants' ages ranged from 21 to 71, and they originated from all over the globe. Their educational qualifications ranged from diploma to

PhD. The participants were presented with a questionnaire containing 28 statements. They had to express their agreement or disagreement on a five-point scale from strongly disagree to strongly agree. The questionnaires also included open questions about language switching.

The results showed that clients used more code switching than their therapists and that code switching happened when the client was emotionally overwhelmed. That overwhelmed feeling was related to either trauma or shame. Thus, when speaking about trauma or shameful issues, they used code switching to create distance or closeness. By shame, they meant talking about subjects considered taboo. They discovered that their participants considered multilingualism to be an imperative part of their sense of self and their therapy (ibid., p. 39) They also reported that the '*multilingualism of the therapist promotes greater empathic understanding*' (ibid.).

Meanwhile, a small minority of participants disagreed. One of them, for example, said that, in dealing with the therapist, if he was not very fluent in the second language, the client had to choose their words carefully to ensure the therapist understood. This stopped them from talking freely and led to a distraction and a feeling of being put off (ibid., p. 40). Another interesting finding was that bilingualism does not add any value to therapy if that therapy itself is not a good experience (ibid.).

Pitta et al. (1978) suggested that choosing to do therapy in a first or second language depends on the client's type, for example a hysterical patient may benefit more from talking in their second language to limit his or her emotional involvement, while for a patient suffering from obsessive-compulsive disorder (OCD), it may be better to encourage him or her to speak in the mother tongue to be able to touch deep inner emotions (ibid, p. 256).

Pitta et al. (1978) reported a pilot study of deliberate language switching in psychotherapy with a bilingual client. The client was a 28-year-old single Spanish-speaking woman suffering from depression, suicidal ideation, severe anxiety, and agoraphobia. In the study, the first two

months of therapy were in Spanish (the client's mother tongue) to improve the client's sense of being accepted and to give her more motivation. As emotional engagement increased proceeding from the seventh session, they switched their therapy to English, which apparently enabled the client to continue therapy in a more modulated emotional tone. They finally concluded that, although emotions in the mother tongue are richer, it can also '*inhibit the patient's ability to gain distance and profit from intellectual coping mechanisms*' (ibid., p. 257).

Movahedi (1996) pointed to the bracketing out of cultural influences as another benefit of using a second language in therapy. He believed that, although a second language is primarily considered a defensive apparatus, at times it can be to the benefit of the client, as it can provide a space within which the therapist is able to explore the client without the influence of his or her original culture or, as he described it, '*cultural ghosts*' (ibid., p. 837). He cited the example of one of his Iranian clients who was speaking Persian during his therapy. In one of his sessions, he switched to English when talking about his painful and bleeding haemorrhoid. The client later mentioned that he could not speak about haemorrhoids in Persian. It is very humiliating to talk about them, as they are mostly associated with homosexuality, engaging in sodomy, and anal sex (ibid.).

Dewaele and Costa quoted one of their research participants who said, *'living and working in my own therapy in another language forced me to break free from cultural boxes and compartments in my mind'* (2013, p. 42).

Fuertes (2004) reviewed the supervision literature for bilingual therapists and pointed to a more negative side in that, if a bilingual therapist uses a second language in therapy, the use of this language should be monitored because there could be some biases in that language, like sexism and class structure, which could be harmful in the therapy room (ibid., p. 87).

Hoffman et al. (2015) believed that literature on emotion in different kinds of psychotherapies provides us with significant evidence that both the in-session activation of emotions and the cognitive exploration of emotions are important for successful therapy, regardless of the therapeutic approach (ibid., p. 15). In their view, what is important is not the priority of emotional experience in the session or the cognitive exploration of it, as both are important for any therapeutic change. In their view, what is important is '*the cultural and individual differences pertaining to experiencing and expressing emotions. Without consideration and sensitivity given to these differences, it is easy for the therapist to impose a value system related to emotions upon clients*' (Hoffman et al., 2015, p. 16).

De Medeiros Ducharme (2000) studied bilingual psychotherapists working in their mother tongue and found that conducting psychotherapy in the mother tongue is a completely different experience for the therapist because of cultural issues, internal translation, shared experiences, and emotional and developmental issues.

Ivers et al. (2013) believed that counselling in the client's native language (mother tongue) is a very different experience, as it increases the level of the client's comfort in the therapy room and gives him or her a greater sense of meaning in the therapeutic relationship. It also increases what they call relational resiliency, by which they mean '*the ability to feel connected in a relationship, navigate difficult disconnection, and find their authentic voices*' (ibid., p. 228).

Bachino (2010) studied the expression of dreams in two languages. She concluded that dreams in the mother tongue reveal the complexities more straightforwardly than in the second language. However, for those who have been brought up in two languages, this difference does not exist.

2.3 The Second Language in Therapy Room: The Therapist's Perspective

2.3.1 History

The literature on the experience of therapy in a second language from the perspective of the therapist is very limited. So far, what we have studied is dealing with the clients' expression of emotions in the second language, which could be unreal, inauthentic, and counter-therapeutic. Alternatively, the therapeutic effect of distancing the client from painful emotions may enable the client to talk about their trauma without being emotionally overwhelmed. However, a lack of language proficiency can also have a negative effect on understanding the therapist.

Some experimental research shows that subordinate bilinguals (Grosjean, 2010), bilingual people who learn a second language later in life and who do not have equal mastery over both languages, focus on the content of the speech to grasp the emotion of the words when they are listening in their first language, while, in their second language, they rely more on intonation and other vocal cues (Marcos & Urcuyo, 1979, p. 333). This may impede understanding the true emotions of the therapist (ibid.). They also found that these therapists perceived themselves as being less intelligent and less friendly and may have had problems with their self-esteem. That means, in addition to communication problems and an inability to access true emotions, the language barrier has a negative effect on the client's self-perception and the therapist's self-image (ibid.)

Nguyen (2014) reviewed the literature on bilingualism in therapy from the therapist's perspective, and she found that much of the literature originated in the USA because of the large population of Hispanic immigrants and the need to improve services. Such studies have only started in the UK in the last decade. She believed that this coincides with the freedom of movement in the European Union, which has enabled people to work anywhere in the EU and

has also contributed to the spread of the Improving Access to Psychological Therapies (IAPT) programme (ibid., p. 341).

The IAPT is a National Health Service (NHS) programme initiated in the UK in 2006 for working-age adults who suffer from depression and anxiety. In 2010, it was extended to adults of all ages. Evidence shows that IAPT can save the NHS and the public sector more than £700 million (NHS, 2015).

According to Skulic (2007), language factors have an inhibitory effect on the therapist-client relationship. He referred to a study that cited that bilingual therapists feel isolation, inadequacy, and disconnection with their clients (Verdinelli, 2006; Skulic, 2007, p. 17). He added that empathy can also be lessened due to the therapists' preoccupation with feelings and cognitions associated with their own '*language related self-experience*' (ibid., p. 17). Finally, he concluded that successful development as a bilingual psychotherapist largely depends on the integration of the dual linguistic self (ibid., p. 19).

According to Perez Foster (1998), who also studied the second language in the therapy room, after the 1970s, the focus of the investigation into the second language broadened to the role of bilingualism in reducing anxiety, in defensive mechanisms, in memory function, and other client-therapist components like diagnosis and received treatment.

2.3.2 Language or culture

Akhtar (2006) believed that one of the biggest problems for immigrant therapists is maintaining culture neutrality towards native-speaking patients, by which he means keeping a safe distance from the customary patterns of thoughts and morals that originate from the therapist's own culture. Although being neutral is important in the dyad of the native-speaking therapist and native-speaking clients, the scope of the problem is bigger for non-native therapists, especially if they have come from a more divergent culture (ibid.). On the other hand, if the therapist has

remained in the new country long enough to lose proficiency in their mother tongue and has a client with the same language background who speaks their shared mother tongue with more sophistication and fluency, some very powerful negative feelings like envy and shame can manifest (ibid.).

Verdinelli and Biever (2009) studied the combination of language and culture. Their study was focused on bilingual therapists who were working in English and Spanish. They chose 13 native-Spanish speakers who had learnt English either through education or work in the United States and reported being more comfortable in Spanish than in English. They were interviewed for between 30 and 60 minutes by telephone, and a qualitative analysis of their speech was performed based on the Moustakas approach.

In their research into the relationship between the therapist and the client in the therapy room, Verdinelli, and Biever (2009) compared the experience of working in two different languages among Spanish-English bilingual psychotherapists. They found experiences of isolation and struggling with the language. This struggle was related to language barriers and communication gaps (ibid., p. 234). They had problems with pronouncing English correctly, having a foreign accent, and writing in English. This led to a sense of insecurity and concern (ibid., p. 235). Having two different languages meant that they were in contact with various people. As a result, they had different self-perceptions related to each of the languages. They said that living in two separate languages gave them the opportunity to interact with a greater variety of people and that they were proud to be able to provide a service in different languages.

However, they also reported that the Spanish language was more connected to the context of their family and their Hispanic neighbourhood. Depending on where they had received their education, they found it difficult to render their services in a second language. They said they just used trial and error. They talked about being aware of their language limitations. Some participants were concerned about how they were perceived by their English-speaking

colleagues and patients. They reported their mental preoccupation with how to say things correctly in the second language, which distracted them from their therapy sessions. They wanted to ensure that their clients understood them, and this was distracting them from the psychotherapeutic process. Some participants also reported their language fluency being subject-related; they preferred one language in some subjects (ibid., p. 239). One of their participants reported that her English-speaking clients occasionally became resistant because '*she sounded too direct or blatant'* (ibid., p. 238).

The researchers also mentioned that they were able to connect with their Spanish-speaking clients more easily than their English-speaking clients. They reported being more relaxed using humour when speaking in Spanish, while in English, they were more serious and detached (ibid.). They believed that having a shared ethnic and cultural background might lead to a sense of connection that could improve therapeutic work. They believed that the similarity of background and a sense of familiarity with the client helped the therapist to feel more relaxed in the therapy room (ibid., p. 238).

Another reported challenge was the translation of their thoughts from one language into another. Sometimes such internal translation could impair attentiveness to the client and impede the pace of therapy (ibid., p. 239).

Movahedi believed that, in translation, one's narration '*loses much of its vigour, coherence, and meaning*' (1996, p. 842). Translation can also cause a narration to lose cultural sentiment and zeitgeist authenticity (ibid.).

Verdinelli and Biever (2009) recommended having some special training as a bilingual therapist. They also talked about the need to immerse themselves in their second language, for example using a dictionary and thesaurus, consulting with other professionals, and having some immigrant guests to talk about their experiences. Although it was not directly mentioned by

the participants, the authors suggested the need for the struggle with language to be openly discussed and addressed in supervision (ibid.). They also recommended a standard measure of competency for delivering therapy in a second language (ibid., p. 240).

2.3.3 Recent studies

Verdinelli and Biever performed a review of literature in 2013 and mentioned concerns about limitations of technical vocabulary and the inability to explain scientific terms in Spanish as a second language. Therapists had to translate scientific terms from English to Spanish, which, in their view, interferes with the normal conversational flow and delays their attainment to the client (Verdinelli & Biever, 2013, p. 228).

In their research about the use of a second language in the therapy room, Verdinelli and Biever (2013) explored the provision of psychotherapy in Spanish as a second language by therapists who are not ethnically Latino and are providing therapy in Spanish as a new learnt second language. The above researchers chose 14 participants between 28 and 61 years old who had an ethnicity other than Latino and were providing psychotherapy in Spanish as a second language. Verdinelli and Biever used semi-structured interviews and then analysed the data using qualitative research methodology. They found the following theme areas:

1. An interest in learning Spanish, stemming from having a genuine interest in diverse cultures, for example.
2. A desire to become a bilingual therapist because of the job benefits, the support from others, or perhaps feeling proud of providing therapy in the second language.
3. The challenges of providing psychotherapy in a second language.

   These refer to language problems interfering in communication with clients. Unfamiliarity with idioms and certain vocabularies and different accents of the clients were reported to interfere with the full understanding of clients. These challenges also

refer to the participants' problems in expressing themselves in a second language, for example, finding the proper words to convey a message. They had problems with using metaphors or more abstract concepts. They had doubts about being clear enough with their clients. They were not sure about their messages being received correctly, and they expressed a lot of self-criticism. There was a tendency to become quieter in the therapy room to avoid being misinterpreted (ibid., p. 237). Their struggle with language could also lead to self-doubt about their competency in providing therapy (ibid., p. 238). They also spoke about the frustration of their participants because of the lack of training in psychotherapy in a second language. They stated that they had learnt by trial and error (ibid.). Costa and Dewaele (2013) also mentioned this gap in training bilingual therapists. They particularly pointed out the lack of professional vocabulary in or experience with the second language as an obstacle.

4. Therapeutic strategies, for example, showing appreciation and interest in a client's culture, tradition, and values.

   These therapeutic strategies helped them to be more attentive to the client and to make a better therapeutic relationship. Some of the participants reported a modification of their own values and beliefs as a result of working with Spanish clients, for example, emphasising the value of family relationships. Meanwhile, there could be a clash of values over, among other things, the role of women in relationships or immigration issues (Verdinelli & Biever, 2013, p. 236).

Verdinelli and Biever (2013) also discussed other challenges not directly related to language, for example, boundary issues (a curiosity about the therapist, inviting the therapist to personal events, and giving gifts), and more importantly other complicating factors like immigration status or financial and legal problems that can stand in the way of proper therapy (ibid.). Kissil et al. (2013) referred to a sense of being an outsider among immigrant therapists in the US.

'This sense of alienation is more prominent for individuals who do not speak English as their first language' (ibid., p. 140).

In a related study of the concept of empathy in psychotherapy, which becomes problematic in working in another language according to Skulic (2007, pp. 17–19), Mason (2010) studied the counsellor's perspective when working with a multicultural worldview. He concluded that the research participants (counsellors) started to suspend their own worldview when working with culturally different clients. He suggested that the therapists try to immerse themselves in the client's culture. Mason used the level of empathy as an indicator of how successful this was. Ivers et al. (2013) believed that, to enhance multicultural counselling competence, one needs to have a sustained exposure to not only the second culture but also the second language.

Meanwhile, some researchers believe that having a sense of loss is not necessarily a negative phenomenon. By having a sense of loss and not belonging, such therapists could show more empathy with clients who have the same background (bilingual foreign-born), but when it comes to native-speaking clients, bilingual therapists could be viewed as less competent (Kissil et al., 2013). Such negative feelings could be exacerbated by racism, prejudice, and stereotyping from the client's side. Akhtar (2006) believed that the reactions of clients are different towards those who are apparently foreign and those whom they do not recognise as such (invisible immigrants), for example, therapists who have the same skin colour, language, and cultural proximity as Americans (Akhtar, 2006, p. 32).

Stevens and Holland (2008) conducted a qualitative study into monolingual therapists practising therapy with bilingual clients. Twelve UK-based therapists were recruited who were monolingual, white, and English speaking. Ten women and two men were interviewed about their experience with clients who spoke English as a second language. These interviews were interpreted using grounded theory.

Stevens and Holland found '*fragmenting factors*' or factors that hinder the therapeutic relationship and '*integrating factors*' or factors that boost and preserve the therapeutic relationship. According to the researchers, the fragmenting factors are made of up blocking factors, which lead to the loss of psychological contact, like accent, slower pace of therapy, and loss of access to emotional experience (ibid., pp. 18–19). Stevens and Holland concluded that a client's accent could provoke their monolingual therapists to stereotype them.

The second cluster of fragmenting factors were uncertainties, for example, making assumptions, biases, uncertainty about the effectiveness of therapy, or a sense of the participating therapists coming out of their comfort zone. In addition, apprehension stemming from feeling powerless or having shame or doubt was in this cluster. The feeling of powerlessness in the monolingual therapists originated from the conclusion that, no matter how hard they tried, they could never bridge the language gap.

The third group of fragmenting factors was unknowns. By unknowns, the researchers meant things that the therapists were unaware of, such as the differences in the meaning of similar words in different languages. They used the example of the word *nervous*, which implies fear in English, while it means being angry and irritated in French (ibid., p. 20).

In talking about integrating factors, they referred to factors like the therapist's view of the relationship, whether the therapist considers therapy a mutual endeavour or a task, which is solely the purview of the therapist. The other factor in this group was mutual tolerance of the language gap (ibid., p. 21). The other integrating element was the therapist's view of the client, which included having an understanding and positive attitude towards the English spoken by the client by appreciating the time and effort the client had put in to learn English as a second or perhaps third or fourth language. This encompassed the client's sense of frustration and embarrassment about speaking in English. They finally concluded that the overarching factor

is the therapist's awareness of the relationship, their own experience and process, the client's experience and process, and the interaction between the two of them (ibid., p. 23).

Jimenez (2004) performed a self-reflection study of the experience of a bilingual therapist with a monolingual client. Jimenez, a Spanish psychoanalyst who was living and working for a brief time in Germany, wondered how, despite an imperfect German language mastery, he could have been able to treat so many clients successfully. First, he pointed out the difference between translating a book and performing therapy in a second language and how a different attitude and attention is needed. '*A text neither suffers nor wants to be cured. It has no great interest in being understood; It does not wish to hide anything, nor - and this is crucial - does it complain of being misunderstood!*' (ibid., p. 1367).

He remembered particularly in the beginning that he could hardly understand the client's speech, and it reminded him of working with schizophrenic patients in Spanish. In these cases, despite communicating in his mother tongue, verbal communication was minimal. He used examples of his problems with language, which resulted in new insight rather than becoming a source of confusion. He mentioned a 24-year-old university student from a well-known Austrian family for whom Juan's imperfect German was triggering narcissistic injuries. Jimenez also discussed another client who would try to be nice to him using the French or English equivalents of complicated German words, but with this kind and considerate behaviour, there was aggression and pathological jealousy (ibid.).

In addition to the use of transference for therapeutic purposes, he mentioned attunement and matching with his clients. He believed that, traditionally, psychoanalysis has focused more on interpretation and verbal formulation, and as such, he concluded that bilingualism in therapy is the proof that what happens between a therapist and client is beyond words. '*The differences in origin, culture and native language between my patients and me were overcome by the*

identification and the similarities, in short, by the shared emotional states that define the match between analyst and patient' (ibid., p. 1374).

By matching, he mentioned the effect of attunement between the therapist and the client:

> *The central and supporting kernel of the analytic relation is basically nonverbal. In this sense, a command of foreign language that would not be sufficient to carry out tasks such as text translation may suffice to establish and maintain an analytic relationship, as long as analyst and patient develop an emotional relation.* (ibid., p. 1375)

Costa's study (2010) focused on the experience of bilingual therapists practising therapy with bilingual clients. Six bilingual and multilingual counsellors who were all non-native English speakers and had the experience of working with bilingual clients were chosen to explore their shared experience of therapy in a language that was not native to both client and therapist. The participants completed two questionnaires. Questions were semi-structured, for example, '*What difficulties, if any, do you encounter working with clients who are not speaking their native language?'* or '*How do you manage these difficulties?'* (Costa, 2010, p. 24).

Costa found that therapists and clients have a shared sense of understanding of the meaning of loss when they are not speaking their mother tongue. They reported more attunement with their clients and a deeper connection with them. They also reported having to learn to *hold their nerve* and endure the tension of bewilderment about the client and not being able to understand everything straightforwardly. They also mentioned being less embarrassed about accent and more comfortable in asking for clarification. Participants also attested to the gravity of their nonverbal relationship. '*Once past this* [initial] *stage, we move to a deeper level when language just serves the purpose of getting the meaning*' (ibid., p. 19).

Costa and Dewaele (2012) compared the beliefs and attitudes of 101 monolingual and multilingual qualified therapists in their interactions with bilingual clients. They used two

different methods of enquiry. One online questionnaire was quantitatively analysed, followed by an interview with one monolingual and two multilingual therapists. The 110 participants who filled the online questionnaire were from 20 nationalities and languages. The online questionnaire had 27 items on a five-point scale from strongly agree to strongly disagree. The questions addressed attitudes towards monolingual and multilingual interactions with clients and towards multilingualism. Their subsequent interviews with one monolingual and two multilingual therapists gathered parallel data to the questionnaires. There were 110 completed questionnaires analysed using principal component analysis (PCA).

The outcome was a four-factorial model. The first modality was the therapist's attunement (as opposed to collusion). The second factor was shared understanding (as opposed to acting on assumptions). The third modality was freedom of expression (as opposed to the difficulty of the challenge), and finally, the fourth modality was the distancing effect of the second language (as opposed to the advantage of a shared language).

Costa and Dewaele (2012) concluded that multilingual therapists believe that they can demonstrate better attunement with their clients through their ability to share a language with them. They also reported some boundary issues with the same language clients. The researchers did not find any significant differences between the monolingual and multilingual therapists in their shared understanding. There were also no significant differences between the two groups for the third and fourth dimensions. The possible explanation for this result was the ability of their participants (both groups of therapists) to tolerate uncertainty and ambiguity (ibid., p. 31). The researchers found some gaps between the therapists and their clients. Their participants used these gaps of unknowns to open the door to more spontaneity and innovation in therapy. Costa and Dewaele's participants also reported that learning a new language helped them to harmonise better with their clients and to pay more attention to their use of language (ibid.).

2.3.4 Bilingual therapists with bilingual and monolingual clients

In one of the rare studies about the experience of performing psychotherapy in English when English is not the native language, Nguyen (2014) interviewed nine counsellors and/or psychotherapists born outside the UK for whom English was their second language**.** They came from seven different countries. Six were European, and three were non-European. They could speak a total of 14 languages. In her qualitative study, she used semi-structured interviews and interpretative phenomenological analysis (IPA) to analyse and interpret her findings. Her findings were split into two categories:

1. Bilingual therapists' experiences with monolingual clients

She found themes such as assumptions made by the clients, including cliché assumptions about the therapist's original country, and acceptance. Two of the participants reported that they had a feeling that their monolingual clients felt more comfortable with a therapist from a non-English background (ibid., p. 345). This is the opposite of most of the earlier studies on psychotherapy in a second language from the perspective of the clients. Another surprising finding was the clients' concerns about confidentiality. She mentioned that it is good for the client's anonymity if she/he uses a therapist from a different language/cultural background (ibid., p. 346).

> *This research author remembers that one of the first clients he had ever visited in the UK was an Irish ex-police officer who just has chosen him because of what he called 'a strange foreign name'. He talked about his fear of being misunderstood by the native English counsellors as according to him they had stereotypical assumptions about Irish people.*

2. Bilingual therapists' experiences with bilingual clients

One of the themes that was found was having '*something in common*', something Nguyen described as a common bond and a sense of comradeship between the participant therapists/counsellors and their non-English bilingual clients (ibid., p. 346). The other themes were '*possible expectations from clients*' like the idealisation of the therapist and the therapeutic relationship and concerns about the confidentiality and trust because of being in a small community with the clients.

She analysed the findings based on two concepts: identification and over-identification. She described identification as '*seeing aspects of ourselves in others and the ability to identify with another's feelings and needs*' (ibid., p. 349). She added that identification is used to establish a rapport with the client.

Nguyen (2014) concluded that mutual bilingualism brings closeness and a bond between the counsellor/therapist and his/her bilingual clients, which relates to issues like a sense of loss as a result of living in the new country and speaking a new language, and their difficulties in conveying and understanding the second language. Meanwhile, monolingual clients were understood by the participant therapists/counsellors to be making a conscious effort to connect with their therapist (ibid., p. 350).

She described over-identification as '*psychic hovering'* or a symbiotic relationship. In her view, this can be challenging in the therapy room. She added that over-identification is significantly evident in the relationship between the therapist and the client with a shared language and culture (ibid., p. 349). She quoted Antinucci (2004): '*language/cultural matching could lead to the premature ending of therapy if a client felt engulfed by the therapist's familiarity'* (ibid., p. 351).

Engulfment was an expression first used by Laing as '*a feeling of the fear of being overwhelmed by another'* (Deurzen & Kenward, 2011 p. 118). Laing believed that, to preserve one's identity, a person needs a very firm sense of autonomy. Engulfment is the fear of absorption of someone's autonomy and identity in someone else (Laing, 2010) '*Engulfment is felt as a risk in being understood (thus grasped, comprehended), in being loved, or even simply in being seen'* (ibid., p. 44). Nguyen (2014) believed that over-identification could also challenge the boundaries and could impair the therapeutic relationship.

Georgiadou (2014) researched the language-related problems of bilingual trainee counsellors as her PhD thesis at the University of Edinburgh. She quoted from existing literature that a significant amount of anxiety in international counselling trainees is related to their being novice therapists. Regardless of their programme of study, they might experience self-doubt, feelings of incompetence, and low self-esteem. Meanwhile, she discussed the concerns and worries of bilingual trainees about their clients' negative reaction to their foreign identity and the language and culture barriers (ibid., p. 11). She pointed to their need for accelerated efforts to be able to express themselves and understand their clients in the second language.

Georgiadou chose four female bilingual counsellors in training in the UK who self-identified as non-native English speakers (with different English fluency but who all met the basic language requirements for studying in the UK). They also had 6 to 10 months of clinical experience. She conducted semi-structured interviews and analysed the data using IPA. One of her participants talked about the 'shadow of language' that followed her. She talked about the practical struggles with language and its effect on the emotional well-being of the participants. One of the main problems was the difficulty in expressing oneself, which manifested in difficulty in finding the proper words and grammar to articulate thoughts.

The other aspect of language problems was to comprehend the clients' speech relating to unknown words and accents (ibid., p. 14) and the unfamiliarity with the subtle cultural meaning

of certain words. She concluded that a lack of language proficiency is not a language problem but is embedded in the culture. Therefore, she suggested immersion in the new culture as a way of gaining language proficiency. She also concluded that '*a higher level of acculturation may predict higher counselling self-efficacy'* (ibid., p. 16). In exploring the emotional effect of language problems on the bilingual international counselling trainees, she found anxiety including physical symptoms, such as stomach upset, not feeling grounded, and a fluctuation of self-confidence depending on their language performance (ibid., p. 15). Her participants perceived their problems as personal challenges rather than real problems in practising counselling (ibid., p. 16).

2.3.5 Role of supervisors

Fuertes (2004) reviewed the literature on supervision for bilingual therapists. Fuertes believed that, in the supervision of bilingual therapists, two sets of goals must be set. First, the supervisor must be aware of general issues of supervision, such as the supervisor's strengths and needs, development and training, and sense of autonomy, motivation, and responsibility. Second, he/she must address issues of '*language and culture that can affect the supervisee, the supervisory alliance, and the quality of care offered to the client'* (ibid., p. 86).

Fuertes (2004) believed that the supervisor must encourage the supervisee to use the language he/she prefers in supervision and examine the disparities in his/her language ability and their supervisees. Fuertes asserted that a discussion of worldview in supervision would aid the therapist in helping the client with challenging issues like values, clashes, and conflict within the family. He believed that, for the supervision to be most effective, supervision should be provided in the same language as the counselling, as it helps the supervisor approach the real experience of therapy between the bilingual therapist and client in the second language (ibid., p. 88). Fuertes suggested that, to increase the credibility and comfort of the bilingual supervisee, the supervisor might encourage variations in English use in supervision. He pointed

to two common deviations in language use as language mixings like ‘Spanglish’ (the use of both Spanish and English words in one sentence) and language switching (ibid., p. 87). At the same time, he suggested that the supervisor should examine the reason behind language mixing and language switching (ibid.). In his reasoning, he pointed to the different emotional discharges in the second language, which has been discussed before by other therapists, mostly psychoanalysts (ibid.).

2.4 Language and Acculturation

Acculturation is defined as ‘*a process of attitudinal and behavioural change undergone by individuals who reside in multicultural societies… or who come in contact with a new culture due to colonisation, invasion, or other important political changes’* (Marin, 1992 cited in Santiago-Rivera, 1995, p. 20). This change happens as an integration of the new cultural patterns with the original cultural patterns. Acculturation hugely affects language preferences (Santiago-Rivera, 1995).

When we enter a new country with a new language as an asylum seeker or immigrant, we leave behind a language setting that we have been born into and accustomed to and enter an unknown realm about which we may not necessarily know much. This can cause a great deal of anxiety and grief (Kissil et al., 2013).

Pavlenko (2011) studied some of the autobiographical narration of these transitions to new countries with their new language settings. She believed that knowing a foreign language beforehand does not necessarily mean a different thought process. She added that only when the immigrant enters the new country can the influence of language on thinking start. Pavlenko quoted various autobiographers, like Gerda Lerner who stated that, for her first year in exile, she experienced a kind of disassociation between her thinking and her language. *‘For nearly*

two years, I managed on that level of crude communication where my thoughts and dreams went on in German' (Lerner, 1997, p. 35).

This trend changes as the immigrant immerses himself/herself more into the new society. This transition to a new language is not easy. It comes at the price of losing the mother tongue and all its meaningful thoughts, emotions, and memories of the past (Pavlenko, 2011). In other words, the first language (the mother tongue) deteriorates as a result of disuse (ibid.).

Sapir and Whorf (1941, cited in De Zulueta, 2006) introduced the concept of *linguistic relativity* by which they mean that language plays a pivotal role in perceiving the world around us:

> *Human beings do not live in the objective world alone… but are very much at the mercy of the particular language which has become their medium of expression for their society…the real word is unconsciously built up on the language habits of the group.* (ibid., p. 156)

According to Vander Veer (1998), who researched the experiences of asylum seekers, a refugee initially shows adaptation to the new culture, which begins by learning the new language and forming a social network. The second phase is a partial adaptation, where the person may know the language but use it only in limited situations to meet basic needs, like housing and benefits (Arshadi, 2014).

Sometimes people can show over-adjustment, meaning that they reject their own culture and affix to the new one without questioning it. To become a productive and creative citizen, they need to fully engage with the new society, examine its value, and create new meanings for their lives (ibid.). Learning a new language may also interfere with inner speech. In most of the cases, over-adjustment (quick assimilation) happens in the form of rejecting one's own culture and attaching to the new one. Linguistically, it shows itself in the deactivation or inhibition of

the first language due to disuse. This phenomenon of forgetting the mother tongue may happen more with immigrants from a lower social economic class as they try to keep a distance from the imperfections they had in their mother tongues. By learning a new language, they can hide their working-class accent and origins (Rodriguez De La Sierra, 1995).

It can also lead to the disappearance of inner talk, which occurred in the first language. (Pavlenko, 2011). At the least, there may be a transitional period in which there is no inner speech. *'I felt trapped inside my body. Language seemed a purely physical limitation. Thoughts existed inside my head, but I wasn't able to make them into words'* (Mar, 1999, p. 66, cited in Pavlenko, 2011). Pavlenko (2011) mentioned many examples of similar autobiographers and their level of anger, frustration, and distress during this transient time for not being fully/equally able to express themselves in their second language.

2.4.1 Inner speech

Inner speech is the function of the brain to think the word instead of to utter it. This ability is developed in childhood when the child starts to internalise the speech of his/her social group (De Guerrero, 2005). This means that inner speech happens during first language acquisition. However, it is very likely that a child or an adult will be exposed to other languages or even live in different language settings. Thus, we must internalise the words of the second language to be able to have inner speech in it. Inner speech usually has an emphasis on its soundless nature and is used in sophisticated mental activities, such as recalling what we have heard or read or in problem solving. As it is talking to oneself, it comprises all our actions and emotional expressions (ibid.).

Hoffmann pointed to this disappearance of inner talk in her famous reflexive autobiography *Lost in Translation: A Life in a New Language*:

> *The worst losses come at night. I lie down in a strange bed in a strange house. I wait for that spontaneous flow of inner language which used to be my nighttime talk with myself. Nothing comes. Polish in a short time has atrophied, shrivelled from sheer uselessness.* (Hoffmann 1989, p. 107)
>
> *I understand how much our inner sense of self depends on having a living speech within us. To be deprived from an internal language is to subside into darkness in which we become alien to ourselves. To lose the ability to describe the world is to render that world a bit less vivid, a bit less lucid.* (ibid., p. 48)

Even sadder is a situation of transition in which neither of the languages is capable of articulating thoughts. Pavlenko (2011) pointed to the sense of frustration that autobiographers have mentioned regarding this lack of self-expression. *'It pains, distresses and angers me not being able to fully express myself in another language*' (ibid., p. 6).

According to Pavlenko (2011), only with the passage of time and deep immersion does the newly acquired language become the first thought processing language. Some studies in the US about immigrant bilingual therapists show that those therapists who have been in the US for a longer period were more open to adapting to the new culture and identified themselves as having a bicultural identity and had better levels of self-efficacy (Kissil et al., 2013).

As an example, Pavlenko (2011) quoted from an autobiographer named Julian Green who wanted to write his autobiography in French. Then, when he found an English publisher, he noticed that he presented a totally different version of his story in English as if he were a different person. Pavlenko mentioned similar experiences of other scholars and writers who learnt the second language later in their lives (ibid.).

2.4.2 Change in the sense of identity

Imberti (2007, cited in Dewaele & Costa, 2013) explained this sense of identity as a coping mechanism for bilingualism. Imberti was an Argentinian immigrant to the US.

> *When we change languages, both our worldview and our identities get transformed. We need to become new selves to speak a language that does not come from our core self, a language that does not reflect our inner-connectedness with the culture it represents.* (ibid., p. 35)

Verdinelli and Biever (2009), who have studied the experience of bilingual therapists, reached the same conclusion as their participant who reported living in two separate worlds pertinent to different languages and having separate cultures. There is some linguistic and neuropsychological evidence that supports the idea that the first language and the second language have two different kinds of memories (Byford, 2015).

Some experimental studies show that autobiographical recall is different depending upon whether the language that the initial experience is retrieved in is the same as the language in which the memory is encoded. New neurological evidence also supports the idea of different parts of the brain being involved in the encoding and retrieval of first and second languages. For example, bilingual patients who have survived a stroke or other brain damage may be able to speak in one language but not in the other. Electrical stimulation of different parts of the brain has also shown different parts of the cortex to be involved with the first and second language (ibid., p. 334). This could explain why some autobiographers talk about experiencing a different self in different languages. For example, Hoffmann has said '*this language is beginning to invent another me'* (1989, p. 121).

Meanwhile, Rodriguez De La Sierra (1995) suggested that the loss of identity through the transition from one language to another, which has been mentioned extensively, depends on

the social and personal circumstances of the person involved. It is also important '*whether we are talking about a clinical or social situation'* (ibid., p. 185). In the therapy room, it could be a painful loss if the therapist could not speak the same language with a client, and the client had to use a second language, which has only recently been learnt, to articulate his/her life experiences. Meanwhile, in society, there are many resources to help the person to continue to practice his/her mother tongue (ibid.).

Although most researchers emphasise a linear relationship between learning the new language and acculturation, Fuertes (2004) proposed a different viewpoint. He believed that language fluency is not a precise indicator of somebody's true acculturation level: '*language fluency and cultural fluency do not go hand-in-hand'* (ibid., p. 89). He used the example of someone who has learnt English in the UK and had no knowledge of the customs of the US. He also cited the example of immigrants to the US who are fluent in English but choose to limit their level of acculturation because they want to be loyal to their motherland (ibid.). European born and raised young adults joining extremist fanatic groups in recent years and perpetrating terrorist acts against the culture and country in which they were born and raised surprised and shocked many people, but this is a good example of the divergence between language and culture.

Akhtar (1995) believed that cultural identity after immigration is not only the result of language change. He discussed the effect of four interlinked identity changes that happen following immigration, which include social affiliation, closeness and distance, idealisation and devaluation, and interpersonal and psychic space (ibid., p. 1051). In a good immigration outcome, the feeling of love or hate for the new country changes to a feeling of ambivalence. Feeling distant or close changes to keeping an optimal distance, talking about yesterday or tomorrow changes to today and mine or yours becomes ours. For a long period after entering the new country, the immigrant may resort to the differentiation between mine and yours. As the immigrant tries to enjoy the local culture, a sense of us appears (ibid.). This sense of 'we-

ness' is essential in acculturation, and the most facilitating factor is '*the acquisition of (or increased idiomatic fluency in) a new language'* (ibid., p. 1060). Mastery over the second language can manifest itself in having a spontaneous sense of humour, inner speech, and dreams. Another indicator is the use of obscenities, terms for genitals, and curses in the second language (ibid., p. 1061).

Akhtar discussed the factors that affect each of the above. First, he discussed accepting the loss as a positive determinant factor of adjustment to the new life, which in turn relates to whether the immigrant is in the new society permanently or for a shorter period. The connection with the home country and the possibility of revisiting it also affects the change of identity. The way that the host country receives the immigrant is also important, which can be dependent on the time and circumstances (ibid., p. 1054). For example, in 2015, with all the terrorist activities occurring in the Middle East and beyond, it was not an appropriate time to come from an Islamic country in the Middle East. The scope of the differences between the two cultures is also determinant in immigration (Akhtar, 1995).

Research on migration into a new country mostly shows a picture of problematic repercussions on the individual's sense of self (Madison, 2010). One of the strategies to protect against the attacks to the sense of self is to build different defensive barriers to separate the self from the environment. Sometimes this results in losing the sense of belonging, and without the sense of belonging, one can feel rootless and start to close even more doors to oneself (ibid.). Immersion in the new language can reflect this level of acculturation.

Berry (1999) suggested four main strategies cope with acculturation: 1) integration, 2) assimilation, 3) separation, and 4) marginalisation. An immigrant may choose to live his/her life on the margin of the new society, which means to keep minimum contact with the new society and to learn the basic necessary language to fulfil his/her basic needs, like seeking housing and other benefits (Arshadi, 2014). *'Sometimes they might show over-adjustment*

(assimilation). They sometimes change their names and their hair colour to resemble more the people of the hosting society. By doing this, the refugee's life often becomes shallow and meaningless' (ibid., p. 10).

Christodoulidi (2010) explored the therapist's lived experience in a foreign country at both the personal and professional level. She concluded that, although living and working in another country involves substantial losses and discomfort, it can also be a source of growth, making the therapist a more resilient figure.

Bayson (2010) argued that to integrate into the new society, one must have both interpersonal and intrapersonal dialogues. According to Bayson, in bilingual people, these dialogues happen in two languages. He suggested that this could be the reason greater emotions are experienced in the first language and more reduced emotions in the second (ibid., p. 114).

2.5 Being a Stranger in a Foreign Land

Some scholars use the word *uprooting* for immigration by which they mean '*living without the familiarity of the physical environment, established ways of thinking and doing and the loss of the human network of relationships'* (Kissil et al., 2013, p. 137). As a result, what is reflected in the literature is more related to feeling lost and confused, but Madison (2010), who has studied voluntary migration, had a different and more positive viewpoint. He emphasised the element of choice in migration. He believed that most of the literature we have about migration is focused on people who have been forced to go into exile for different reasons and that is why we have a rather negative picture of the stories of immigrants (ibid.). Madison (2010) quoted Huntington (1981), who believed that migration could be classified as a bereavement because it comprises a separation and trauma and high anxiety in the presence of strange people and surroundings and the absence of familiar individuals and surroundings (ibid., p. 21).

In contrast, Madison (2006) believed that the relationship between some person and his/her surroundings is more of a paradoxical relationship than a one-way linear relationship. He believed that the world around the person can have a self-growth effect or a threatening influence on that person (Madison, 2006). He claimed that we sometimes need space to protect our identity from the implosion of familiar surroundings (Madison, 2010, p. 43). In his study, he conducted semi-structured interviews with 20 voluntary migrants and used the IPA method to analyse the results. He found issues related to identity, belonging, sensitivities, independency, and freedom (Madison, 2006, p. 246).

Finally, Madison (2006) concluded that the experience of voluntary migration leads to an exciting and enriching new sense of identity, belonging, and a new sense of home, but this journey is not without a struggle. According to him, this includes bereavement, confusion, and distress; all things that forced immigrants and asylum seekers experience. They might even experience more in-depth difficulties. As volunteer migrants, they might not have predicted such difficulties, and this is also not acknowledged in the public domain (Madison, 2010, p. 15).

Akhtar (1995) also referred to this double nature of loss and gain in immigration. On one hand, he discussed the profound loss comprising giving up familiar food, music, surroundings, people, language, and so on and coping with new, unfamiliar ones. On the other hand, he discussed the new opportunity for psychic growth and change. In his view, new identification models and new channels of self-expression become available to the immigrant.

In her reflective book, *Paradox and Passion in Psychotherapy* (1998), Emmy van Deurzen discussed four different strategies that people who migrate to other countries may use:

1. The decision to return to the original country after being in the host country for a while.
2. An attempt to integrate into the new culture, which provokes paradoxes.

3. Remaining abroad but having limited contact with the wider community, remaining within the own native community.
4. A new dimension of integration: to *'embrace the new position of foreigner wholeheartedly*' (ibid., p. 60). This is neither adjusting to the new culture nor adhering to the old one but is a creation of a new identity in a person who never fully belongs (ibid.).

From a similar viewpoint, Ivers et al. (2013) discussed authentic cultural immersion by which they mean both the recognition and awareness of the uniqueness of each culture and the appreciation of one's own culture. In this view, to achieve greater acculturation, one does not necessarily need to abandon the original culture completely. During the process of accepting herself as a stranger, Deurzen pointed to the language factors, summarised as follows:

1. Having a foreign accent and being judged for that (Deurzen, 2009(2); see also Section 1.4.2: Attitude Towards Language Groups).
2. Alterations in the meanings of words:

> *Language is the instrument through which we communicate with others and form bonds with them. The words we learn when we are young have special poignancy: they make us part of a social system that we adopt, and that adopts us.* (Deurzen, 1998, p. 57)

3. A deprived sense of adulthood because we learn the new language as a child, which is a humiliating process.
4. Being misjudged about one's mental ability because of a lack of language proficiency.
5. Different self-expression because of different tones and different emphasis on certain concepts. Deurzen used the example in which, when she speaks French, she is more passionate, and when speaking English, she is more phlegmatic and rational (ibid.). In

a similar experience, Costa (2014) stated that she is naturally a positive person when she speaks Spanish, but she complains tremendously about trivial things in English. Marcos and Urcuyo (1979) mentioned one of their clients who was an English-German bilingual. She said: '*In German, I am a scared, dirty child, in English, I am a nervous, refined woman'* (ibid., p. 334).

Having different sets of self-expressions does not need to have a necessarily negative connotation. Movahedi (1996) used the example of some of his Iranian female clients who tend to use English over Persian (their mother tongue) in the therapy room because, when talking in English, they feel a higher sense of gender equality, dignity, and power. Some autobiographers also refer to a pleasant, powerful presentation of self in the second language. For example, Pavlenko compared her mother tongue, Russian, to English:

> *It is also a language that attempted to constrain me and obliterate me as a Jew, to tie me down as a woman, to render me voiceless, a mute slave to a hated regime. To abandon Russian means to embrace freedom. I can talk and write without hearing echoes of things I should not be saying. I can be me. English is the language that offered me that freedom*. (cited in Dewaele & Costa, 2013, p. 36)

Although Deurzen provided bullet points of the problems arising from being a foreigner in the language, she does not imply that if the therapist and the client speak the same language, there will be a 100% guarantee of total understanding; there is no such thing as total understanding or absolute communication. In her other book *Psychotherapy and a Quest for Happiness*, Deurzen (2009) questioned the idea that talking is the central medium of psychotherapy. She stated that speech is sometimes used to disguise our thoughts rather than to make them explicit, whether we do this deliberately or unwittingly. She believed that there is a huge gap between what we want to say and what is perceived by the other person, as there is no certainty that the

words we use convey exactly what we mean to imply. Thus, in general, there is always the possibility of miscommunication and misunderstanding in speech (ibid., p. 127).

2.6 Language and Modes of Engagement

The key elements of Heidegger's philosophy are context-embeddedness and finitude (Stolorow & Sanchez, 2009). In simpler terms, we are in the world, and we are heading towards death. *Being in the world* means that '*our Being is saturated with the world in which we dwell and the world we inhabit is drenched in human meaning and significance'* (ibid., p. 129). Heidegger's belief is that, as we exist in time, we need to be aware of our finitude, the end of our time or our death (McLeod, 2011). Being in time, our relationship with the world of life is shaped by how we engage in it and what we can do. Being part of the world that surrounds us and moving towards death is anxiety provoking; therefore, in Heidegger's belief, '*we are connected to the world through our anxiety, dread and resoluteness'* (ibid., p. 60).

For Heidegger, language is the nature of our embodiment (connection) in the world. For him, language is our 'thrownness' in the world (Harding, 2005). Heidegger believed that our being is within the language, and one cannot split it and look at it separately (ibid.). He also believed that language and thought cannot be separated. Language is not merely a medium to express our thoughts, rather it is part of our thinking (Curzon, 2005). *'Our grasp of being in the world is expressed as discourse and the manner in which discourse is expressed is language'* (Harding, 2005, p. 95).

Heidegger also differentiated between speaking and saying. By 'say', he meant claiming the ownership of what we say and by 'speak' he meant just talking:

> *A man may speak, speak endlessly, and all the time say nothing. Another man may remain silent, not speak at all and yet, without speaking, say a great deal… but what does say mean? We must stay close to what our very language tells us to think when we*

use the word. Say means to show, to let appear, to let be seen and heard. (Heidegger 1971, p. 122).

According to Heidegger, sometimes by not speaking, we say a great deal (ibid.). Part of the poem, 'Anguish' by Mehrshad Arshadi (Hermeneutic Circular, April 2015, p. 24) is a poetic expression of the difference between saying and speaking:

7000 languages, 40,000 dialects

Yet not a single word of compassion

From Nietzsche to Sartre,

Theories of freedom and choice

Yet trapped in prejudice

Life is cheaper these days.

Heidegger believed that we are in a world in which there are mutual interdependencies between self, others, and objects (Conroy 2003). In this connection, he distinguished between two basic modes of existence: authentic and inauthentic, which, according to him, encompass the average everyday understanding of our existence (Stolorow & Sanchez, 2009, p. 129).

Heidegger referred to three modes of engagement that we have with our surroundings:

1. Ready-to-hand mode: In this mode, we need no focal awareness of ourselves and our tools, for example, during practical everyday activities in which there is transparency. He used the example of a hammer and stated that we are unaware of its existence because we simply use it based on our skill and practice, but if a problem happens, a second mode of engaging the surroundings appears.
2. Unready-to-hand mode: In this mode, we have a focal awareness of ourselves and our tools. In the example of the hammer, if the hammer is too heavy for its specific job, its

weight becomes salient. It could lead to either temporary breakdown or total breakdown (Packer, 1985).

3. Present-at-hand mode: In this mode, all things are as objects and context-free (Conroy, 2003). This happens when we detach ourselves from an ongoing practical involvement in a project. We step back and just reflect (Packer, 1985).

For a foreigner, the natural relation that exists between language and context for a native speaker (ready-to-hand) could be absent. Words might become separate entities that are present-at-hand, but even stepping back cannot necessarily provide self-reflection:

> *In order to be who, we are, we human beings remain committed to and within the being of language and can never step out of it and look at it from somewhere else. Thus, we always see the nature of language only to the extent to which language itself has us in.* (Heidegger, 1971, p. 134)

This could lead to more conflict and disturbance. A foreign speaker could live in an unready-to-hand mode. This means that he/she might become aware of the existence of language (Packer, 1985).

2.7 Summary

The first generation of psychoanalysts who happened to be immigrants, including Freud himself, has not spoken much about the second language in therapy. It could be because they wanted to overcome their own trauma of immigration as soon as possible and to integrate into their new society (see Akhtar, 2006, p. 22).

Literature about the use of the second language in psychotherapy from the clients' point of view can be divided into two groups. The first group proposes that early memories are condensed in the first language. Therefore, they cannot be retrieved in the second language. Even if they can be recalled in the second language, they ultimately lose their vigour and

emotional tone. As true emotions become inaccessible, the first group concluded that using a second language in the therapy room has no therapeutic value. The second group proposes that, although experiencing the real emotions originally experienced to the first language could become harder, it is not necessarily counter-therapeutic. On the contrary, the client can benefit from using a second language, as this could protect the client from becoming overwhelmed by the painful emotions hidden in the memory of the first language. By telling their stories in the second language, the client can find a safe place to work on their traumatic experiences.

The literature is contradictory on the application of the second language in therapy from the therapist's perspective. Some researchers have suggested that when a therapist uses a second language in therapy, they are more focused on the vocal cues, and when practising psychotherapy in their mother tongue, they tend to focus more on the content of the speech and try to grasp the emotions beneath the words. Other researchers noted the feeling of isolation and struggle with language in the second language among bilingual psychotherapists.

Some recent studies, for example Verdinelli and Biever (2013), cited two aspects of performing therapy in a second language. First, their participants reported a feeling of pride and access to more job benefits. Second, they reported their participants' language-related difficulties, like unfamiliarity with idioms, certain vocabularies, and accents. Stevens and Holland (2008) discussed fragmenting factors or factors that hinder the therapeutic relationship and integrating factors or factors that boost and preserve the therapeutic relationship among monolingual therapists working with bilingual clients. Two important integrating factors were the therapist's view of the client and the therapeutic relationship. Costa (2010) conducted research on bilingual therapists who were practising therapy with bilingual clients. She concluded that they had a shared understanding of the loss when they could not speak their mother tongue.

2.8 Conclusion

This current research would contribute to the already-existing literature by exploring bilingual therapists who practise psychotherapy in a second language, when that second language is the main language of the country from the perspective of the immigrant therapists. It also compares the experience of the participants in practising therapy in English with native English-speaking clients, in English as a second language with non-native English-speaking clients, and with their mother-tongue clients. This research also aims to investigate the available support system and the innovative solutions the participants have used to deal with their problems in practising therapy in English as a second language.

Chapter 3: Methodology

3.1 Introduction

The aim of this study is to gain an in-depth knowledge of the experience of performing psychotherapy and counselling in English when English is not the first language of the therapist. A review of the literature indicated struggles with language, anxiety, and a sense of discomfort in the therapist-client relationship and the therapist's self-perception. The aim of this chapter is to review how this research has been conducted. The choice of a method for research is based on the question that will be addressed. The seed for this research, as explained in detail in Chapter 1, was the author's challenging and anxiety-provoking experience of working in English as a psychotherapist who was not born in the UK. The aim of this research is to explore other people's experiences and reactions in the same situation. The IPA method has been used to explore the questions of this study.

3.2 Interpretative Phenomenological Analysis

The word phenomenology is highly associated with the work of Husserl, but the first important name to mention here is Descartes (1596–1650). He advocated finding the truth by questioning all beliefs and values. To do this, he used a kind of systematic doubt (McLeod, 2011).

For Husserl, experience should be examined exactly as it happens (Smith et al., 2009). He used the term *intentionality* to address the relationship between consciousness and the object of attention. For Husserl, we are always conscious of something, remembering something, or judging something (ibid., p. 13, see also Deurzen, 2009 (2), pp. 58–63). Husserl referred to his methodological principle as '*phenomenological reduction'*, which focuses on the basis of the experience that is uninterpreted (Warnock, 1970). For him, the aim was to make the essence conscious (ibid.). Husserl used the term *natural attitude* to address the assumptions that we use to understand our everyday world. He then used the term '*transcendental attitude'*; this can be

gained if we bracket out our assumptions (Deurzen, 2009) or as he calls it *epoche*. He used epoche as a *'phenomenological reduction'* to describe the suspension of our prejudice, which allows us to experience the essence of the phenomenon by reducing it to what it really is (Deurzen & Kenward, 2011, see also Warnock, 1970, p. 28).

McLeod (2011) summarised the ideas of Werts (1984), Polkinghorne (1989), and Moustakas (1994) about the steps and requirements of *epoche* as follows. The researcher must be open to the phenomenon, bracket off assumptions, and suspend any other theories, preconceived judgements (see also Strasser & Strasser, 1997), biases, and prejudices (Adams, 2001) to adhere to the principle of horizontality. This means a description without any priority or hierarchy (see also Adams, 2001), developing an emphatic presence, slowing down and patiently dwelling on a topic (McLeod, 2011, p. 41), and paying special attention to details (ibid.).

Traditionally, phenomenological methods are clustered into two big subdivisions: the transcendental and the hermeneutic. In transcendental phenomenology, the aim of the research is to bracket out and suspend all our assumptions (to the extent that this is possible) to become able to gain a first-hand experience of what our research participants have lived through (Lodge, 2010). In contrast to the transcendent, with its emphasis on bracketing off all the assumptions about the phenomenon to reach a pure description of it, the hermeneutic method is based on interpretation. The hermeneutic approach, which was first used to interpret the Bible, is the systematic reading of a text by looking at its parts, then the whole text, then the parts, and finally, the whole again (Deurzen & Kenward, 2011). It deals with what is present, not what is unconsciously implied through symbols as in psychoanalysis (ibid.).

Moreover, IPA is a qualitative research based on phenomenology. Its aim is to explore how people make sense of their life experiences, especially the major ones (Smith et al., 2012). '*The aim of IPA is to explore in detail how participants are making sense of their personal and*

social world' (Smith & Osborn, 2015). Examples of these major experiences could be major transitions in life, a big decision like emigration to a new country, or when something unexpected happens (Smith et al., 2009, p. 3). The IPA method is a phenomenological approach since it tries to study things as they are experienced by the participants (ibid.). '*The aim of phenomenology is to produce an exhaustive description of the phenomenon of everyday experience, thus arriving at an understanding of the essential structures of the "thing itself"'* (McLeod, 2011, p. 38).

The goal of IPA is to give the readers the opportunity to get a feel for what it is like to have the experience (Starks & Brown Trinidad, 2007, p. 1377). As a method based on phenomenology, IPA is both transcendental and hermeneutic. It is hermeneutic because it is an interpretative endeavour, as it tries to make sense of what has been experienced. In fact, IPA is a double hermeneutic endeavour because '*the researcher tries to make sense of the participant trying to make sense of what is happening to them*' (Smith et al., 2009, p. 3). Hermeneutics has two major subclasses: hermeneutics of empathy and hermeneutics of suspension. The first tries to reconstruct the experience of the participants in its own terms, while the second implies the theory to explain the phenomenon. A successful IPA analysis has elements of both (ibid., p. 36). Interpretation is done through decontextualisation and recontextualisation (Starks & Brown Trinidad, 2007). In decontextualisation, data are separated from the original context of individual cases, and coding is implemented to unite the meaning in the texts. In recontextualisation, codes are examined and then become reintegrated, organised, and reduced to central themes, and the relationship is extracted between all the participants' stories (ibid., p. 1357).

Furthermore, IPA is also idiographic, which means it is committed to realising how a unique special phenomenon has been perceived by a unique special person in a context (Smith et al.,

2009). It is opposite most of the psychology endeavours, which are nomothetic and attempt to find general laws for human behaviour (ibid., p. 29).

3.2.1 Challenges in using IPA

Problems with IPA as a method are the same as problems with qualitative research. Because the interview is in depth and intrusive, there is a confidential, ethical concern in the reporting. Most of the conductors of this approach are students of psychology and counselling who have little training in these methods compared to quantitative methods. It takes considerable time to write qualitative papers. It is also difficult to reduce the findings to word limits for journal publication. A good qualitative researcher needs a background in literature, cultural studies, or sociology (McLeod, 2011, p. 15). Finally, IPA as a qualitative method is widely dependent on the participant's ability to articulate their experiences in words and upon the researcher's ability to extract themes from the participant's words (Bayson, 2010).

3.2.2 History of IPA

The IPA method has a brief history. It began with the publication of a paper by Jonathon Smith in 1996 in *Psychology and Health* (Smith et al., 2009). Most of the early works were related to health psychology rather than clinical psychology and counselling psychology, and later social and educational psychology tried to use this approach (ibid.). Geographically, the home of IPA for the last 20 years has been the UK and then English-speaking countries, but a few non-English-speaking countries have recently started to use IPA (ibid., p. 5).

3.3 Alternative Methodology

3.3.1 Quantitative research

Quantitative research methodology aims to understand if something works by experimental verification of a hypothesis). The aim is to test a hypothesis, and the ultimate goal is to generalise the findings to the population (Burck, 2005). A quantitative study might gather

information of a bigger sample, but this would not necessarily give a more thorough description of the experience.

3.3.2 Grounded theory

Grounded theory was developed by Glaser and Strauss in the 1960s (Burck, 2005) to help researchers analyse qualitative data '*to identify important categories in the material with the aim of generating ideas and theory 'grounded' in the data'* (ibid., p. 244). Grounded theory has three characteristics:

- Its aim is to make sense of the social world.
- The goal of the analysis is to develop a theory.
- The theory must be embedded in the collected data (McLeod, 2011).

To get a satisfactorily grounded theory, the researcher must immerse themselves in the data and be able to generate categories of the data (ibid.). This is done by line-by-line coding of the written text and then comparing the similarities and differences in the categories. The categories above then are used to re-examine the data and help elaborate the concept better (Burck, 2005, p. 245).

3.3.4 Discourse analysis

Discourse analysis is part of a set of research methods to analyse the discourse. The two other similar methodologies are conversation analysis and narrative analysis (McLeod, 2011). '*Narrative analysis focuses on the way individuals present their accounts of themselves and views self-narrations both as for constructions and claims of identity'* (Burck, 2005, p. 252).

There are various kinds of narrative analysis, for example, the life story method. In this method, the researcher retells the story of the interviewee as if he/she has experienced it and then examines the story. This approach is particularly useful in exploring how people who have different experiences in different languages give an account of themselves (ibid., p. 252).

'*Discourse analysis is the study of language in use*' (Gee, 2014, p. 8). Some types of discourse analysis only examine the content of the language, while other approaches focus more on structure and grammar. Discourse analysis tries to identify the discourse and interpretive repertoires that people use to make sense of their world (Burck, 2005, p. 248). It uses the narratives of the research participants to show the way people use language to accomplish their objectives (Starks & Brown Trinidad, 2007, p. 1377), for example how using certain words, like using the word *patient* instead of the word *client* can change the experience of the individual with a therapist.

3.3.5 Heuristic method

The heuristic research method is an exploratory, open-ended self-enquiry to discover personal meaning (Moustakas, 1990, p. 15). Moustakas' heuristic research methodology is a phenomenological process of '*internal search through which one discovers the nature and meaning of experience and develops methods and procedures for further investigation and analysis*' (ibid.). This method is more useful for exploring the change or development that happens within the person, whereas IPA focuses on the experience of others. In heuristics, the researcher is one of the participants, and I found this closeness and level of disclosure unbearable, otherwise the heuristic method was a suitable alternative method for this research.

3.3.6 Choosing IPA

I have chosen IPA because this focuses on the people's experience of a phenomenon (in my case, working as a therapist in a second language). In IPA, the emphasis is on meaning and sense making in a particular context (idiographic) for people who share a particular experience (Smith et al., 2009, p. 45). If I wanted to study the effect of using or not using specific words in the session with my clients, I would have used discourse analysis, but I will examine the experience of using English as a second language rather than the effect of words and the hidden

power or relation behind them, although using a second language constrains me into thinking in certain ways and creates a particular discourse of psychotherapy that might not otherwise be there. If I wanted to posit a theory concerning the relationship of clients with their native-speaking therapists and compare it with their relationship with non-native-speaking therapists, I would have used grounded theory, although grounded theory is the closest alternative method for this research if I did not want to use IPA.

3.4 Data Collection

3.4.1 Methods for creating qualitative data

The following list was adapted from McLeod (2011, p. 139):

1. Interviews:

    Open-ended

    Semi-structured

    Individual vs group

    Recall interviews

    Think-aloud protocols

2. Questionnaires

3. Observation

    Participant observation (ethnographic)

    Non-participant

4. Transcript of naturally occurring talk

5. Personal documents

6. Public documents

7. Projective techniques

Data collection in IPA is usually by semi-structured interview (Smith et al., 2009).

3.4.2 Semi-structured interview

The interview is used as a guide, yet it remains semi-structured to ensure that while exploring a particular area, enough room is left to follow feedback idiosyncratically (Burck, 2005, p. 240). The aim of the interview is not to elicit what the researcher already knows but to summon a new account with its unique effect (ibid.). The words speak for themselves (Starks & Brown Trinidad, 2007). The researcher asks the participants to give their account of their experiences, and it is encouraged by probing questions (ibid., p. 1375). The research participants I interviewed are bilingual psychotherapists working with English-speaking clients. These interviews lasted approximately between 40 to 70 minutes and consisted of a series of open-ended questions and probing questions. I listened to each interview three times.

I also self-reflected after each interview. Descriptive language and conceptual comments were extracted. Themes were decontextualised and recontextualised, shortlisted, and clustered for the first client as a trial/pilot study. Research, interview, and therapy could seem alike, but they are different in that research is curious without having responsibility for change (Burck, 2005, p. 257); therefore, a research interview can have a damaging effect if the researcher ignores this.

One of the best ways to address this is to do a pilot interview first, which allows the researcher to check the feasibility of the interview, monitor the effect of the questions (ibid.), and, if necessary, alter the questions or format of the interview. After discussions with my supervisors, I made sure that a semi-structured interview could provide in-depth holistic data of the experience of practising psychotherapy in a second language from the counsellor's perspective. I also tested the practical issues like safety, the review of questions, etc., and then I continued with interviewing seven more participants who showed interest in taking part.

3.4.3 Questions

The primary research question in IPA must be towards meaning (Smith et al., 2012). In this research, this is the experience of doing psychotherapy in English as a second language. Questions in qualitative research must be open-ended and exploratory to help generate more understanding rather than to test a hypothesis (Burck, 2005). The questions are as follows:

1. How do (did, if the experience belongs to the past) you experience working with native English speaker clients? What was the feeling like?

2. How do (did, if the experience belongs to the past) you experience working with clients speaking your first language? What was the feeling like?

3. How do (did if the experience belongs to the past) you experience working with clients who speak English but are not native speakers? What was the feeling like?

4. What kind of support(s) are (were) available to you, if you find any difficulties working especially with English native-speaker clients? Did you come up with any innovative solutions?

6. What are the pros and cons of being a bilingual counsellor (psychotherapist) working with clients?

7. How does working with native-speaking clients affect your work and self-perception?

8. Any further comments or ideas you would like to add regarding working with native English clients and those who speak your language.

As one of the aims of this study was to add new findings to the previous existing literature, in drawing up the questions, I tried to outline clearly the differences between practising therapy in English as a second language with native English clients (those who are fluent and embodied the language), the clients who are using English as a second language (the same language as

the participants), and the clients who were speaking the mother tongue of our participants. The results showed significant differences between the three groups, which I have discussed in detail in Chapters 4 and 5.

3.5 Data Analysis

McLeod suggested a six-step data analysis as follows (2011, p. 41):

1. Collecting verbal or written protocols describing the experience.

2. Reading themes through carefully to get a sense of the whole.

3. Extract significant statements.

4. Eliminate irrelevant repetition, discarding statements that are irrelevant to the phenomenon.

5. Identify the central themes or meanings implicit in these statements.

6. Integrate these meanings into a single exhaustive description of the phenomenon.

Smith, in his book *Interpretative Phenomenological Analysis,* suggested a better how-to list of data analysis in IPA, which has stages as follows (Smith et al., 2009, pp. 82–107):

- Reading and re-reading
- Initial noting
- Descriptive comments
- Linguistic comments
- Conceptual comments
- Deconstruction
- Overview of the initial writing notes
- Developing emergent themes
- Searching for connections across emergent themes

- Abstraction
- Polarisation
- Contextualisation
- Numeration
- Function
- Bringing it together
- Moving to the next case analysis
- Looking for patterns across cases
- Identifying recurrent themes

After reading the first interview three times and making linguistic, descriptive, and conceptual comments, I outlined the emergent themes. I wrote each theme on a small piece of paper, no matter how important I thought they were. I had the freedom to diverge and converge the themes based on their shared content. The easiest to find was anxiety and then other related emotions like frustration and anger. The exact words of the first participant were written on a flashcard beneath the highlighted themes.

The aim of this research was to explore the effect of the second language, but participants also referred to the effect of culture as well. To be able to see this aspect separately, I clustered all the references to culture separately. Themes started to appear that focused on the relationship with the client, like the effects of accent and the preferences of mother-tongue clients. The other shared theme was part of the interviews that discussed how the participants' perceived themselves when working in English. The final group included answers to questions regarding the kind of support they had received or expected to receive. Some were displaced from one main theme to another when they were compared with the whole transcript.

After approval of the pilot study, which was counted as the first participant study, the other interviews were conducted, and the same approach was repeated for all of them. The final product was 27 themes and four sub-themes. From the themes, some were shared by all eight participants, like anxiety, while some were reported by fewer participants, such as anger (for a detailed description, refer to Chapter 4, Table 4.2: Themes and sub-themes).

3.6 Validity

Mason (2010) summarised the ideas of McLeod (1999), Willig (2001), Silverman (2006), and Denscombe (2007) on validity and claimed that validity in qualitative research is quite different from validity in quantitative research, in which the focus is on accuracy and credibility. In quantitative research, most of the time, the central aim is to check a hypothesis about a subject, so validity and reliability are used to generalise the findings to the general population. *'Validity in qualitative research appears to be less about proving these qualities, and more about demonstrating a commitment to achieving them'* (ibid., p. 33). He quoted Silverman (2006, pp. 296–303) regarding the method of validation as respondent '*validation*' by which he means '*returning to the participants with the finding of the study'* (ibid., p. 34). In his study, he checked the interview with the participants (ibid.).

Lodge (2010) gave a similar account of the validity of qualitative research. She believed that validity in such research studies is completely subjective and dependent on the researcher. For Lodge, validity means '*checking meanings, significance and accuracy'* (ibid., p. 42). In doing so, she returned several times to the raw material of the interviews and checked the meanings with participants, colleagues, and supervisors. She also used an initial check by asking herself, '*does this feel right?'* (ibid.). Like Mason (2010), she sent copies of interviews and even results for verification.

To check the validity of interviews and results, I asked the participants who were willing to take part to provide me with written consent and an email address or mobile number, so I could get back to them for a verification of the accuracy of the transcripts and the extracted themes. Six out of eight agreed to be contacted. The two others asserted that they preferred not to be contacted. Unfortunately, as this research took a significantly longer time than initially scheduled due to personal circumstances, I could not reach one of the participants (she did not reply to my email or phone call), so I had five participants who generously agreed to go through their interviews and analysis and tell me if the transcripts were accurate. For the three others, I reviewed the transcripts several times, searching for coherence. I was looking for similarities and discrepancies in the participants' answers.

Of those who were contacted, two did not change anything (the Iranian male and female participants), one had some concerns about confidentiality, which I explained in detail in the ethical section and the reflections on the sixth interview, and one (the Greek female participant) corrected some typos and misheard words but agreed with the themes. Only one (the French female participant) made some changes. Please see the changes in Table 3.1 below.

Table 3.1: Validity check with French female participant, Alice.

Initial Themes	**Corrected**
Anxiety about having foreign accent	Anxious about clients' accents, not my accent
Worries of understanding client and being understood by client	Particularly when I started practising
Worries of unfamiliar culture	When I started practising, not anymore
Need to bracket out assumptions in mother tongue	Not bracketing, on the contrary, becoming more and more aware of them and having these assumptions in the forefront of my mind

More attachment to English than mother tongue	I did not say that; I just said I am attached to English
Worries about second language culture	It is not a worry anymore, on the contrary, when I do not know, I use it in the work

One of the main validity issues was to ensure that the researcher's experience and beliefs are not biasing the research findings. To observe the phenomenological principles of bracketing out assumptions, the researcher first read the initial reflections after each interview. After each interview, the transcript and notes were sent to the initial supervisor and feedback was received about the semi-structured interview.

Then, to start the analysis, the researcher listened to and read each interview a few times before starting to take the conceptual, language, and descriptive notes. The analysis was done one by one without referring to what the previous participants expressed. After themes had been identified, they were put back to the context to ensure they seemed right (contextualisation).

After all these steps, the validity of the transcripts and the themes was checked by the research participants. It is impossible to remove one's assumptions, but it is essential to suspend them and to be aware of them. The researcher was aware in all the stages of this study that the research participants might have been through similar situations and might express similar ideas and concerns regarding working in the second language. Thus, the researcher was always aware not to label anything based on experience. All the hermeneutics were done based on participants' discourse.

3.7 Post-Interview Self-Reflections

One of the characteristics distinguishing qualitative research from quantitative research is reflexivity. It means that, in qualitative research, the identity of the researcher and his/her experience always influences the findings they produce, while in quantitative research, '*the*

interests, passion and values of the researcher are put to one side' (McLeod, 2011, p. 195). In addition, because the researcher is the instrument of analysis (finding the themes and making a judgement about them), qualitative research is always a subjective experience (Starks & Brown Trinidad, 2007). By reflexivity, we mean the ability of the researcher to reflect back or turn back their awareness to themselves (ibid.). The first draft of these notes was written either immediately after the interview or up to a few days later. They were edited later for language accuracy without any changes to the expressed ideas.

3.7.1 First interview: Female Polish bilingual counsellor, Dyta

The first participant, Dyta, a female Polish bilingual counsellor, responded to an advertisement I left in the office of a colleague. She appeared in the session relaxed and willing to participate. She had a strong Polish accent. She was speaking slowly as if she was thinking about each word she was uttering. She clearly talked about her uncomfortable emotional experience, sense of frustration, and anger. She had acquired sufficient self-knowledge to accept those limitations and try to find ways to minimise the effect of them on her clients, like improving her relationship with clients, appreciation of nonverbal communications, etc. Except for a few moments in the interview session when she was remembering the hard time she had soon after she started working as an English-speaking therapist, during which she was manifesting signs of anxiety, she remained relaxed during the interview.

When I gave her 30 minutes of post-interview time to reflect on her interview, she was smiling and asserted no feeling of discomfort. She agreed to be called for validation of the themes after their analyses became available. Unfortunately, later I could not get hold of her for the validity check. When she left the interview venue (NSPC building), I felt relief. She did not show much discomfort and anxiety, contrary to what my supervisors and I had predicted.

3.7.2 Second interview: Female Romanian bilingual therapist, Merry

Merry, a female Romanian bilingual therapist, appeared very uncomfortable to me in the session. I asked her whether she was okay to continue and willing to start. She confirmed that she was okay and willing to proceed. She spoke quickly and became somewhat angry of my questions about working in English. In response to my first specific question about working in English with native-speaking clients, she insisted that language had never been an issue for her, although she was the only participant who had received a client's complaint regarding her language proficiency. However, she talked about her struggle in practising therapy in English in response to my later questioning.

For example, in response to a question about asking clarifying questions regarding language from native English-speaking clients, she said the following: *'I wanted to do more than I normally do to prove myself and asking questions may seem you don't know what you're doing'.* Towards the end of the interview, she seemed somewhat exhausted.

When we finished the session, I gave her space to reflect on the interview. She questioned my intentions in doing this research. She said immigrants are already faced with enough obstacles in the UK and added that she thought my intention was to prove immigrant therapists do not have the credibility to work in the UK because of their language barriers. She left me unsettled. My aim of the study is to explore working in a second language with all possible vigour, but what if I were to find that bilingual therapists can harm their clients?

3.7.3 Third interview: Female Polish counselling psychologist, Berta

Berta, a female Polish counselling psychologist, was working for the NHS. During the interview, I had to repeat a few questions, as she seemed not to comprehend them clearly. To me, she appeared to be a bit uncomfortable during the interview, and when we finished, she asserted that talking about the problems she had faced in practising therapy in English was an

anxiety-provoking experience for her. She was interested in the universality of her problems and was enthusiastic to know whether it was just her who had these issues or whether there were more people out there with the same sort of problems. Her suggestions for support including supervision, self-help groups, and so on resonated with me deeply. I remember how isolated I was, thinking that it was just me who had all these problems with English. Meanwhile, I did not have the courage to talk about this directly with anyone at the beginning, even my supervisors. I could not think of my problems being common problems among immigrant counsellors. Therefore, I did not seek any help, so as to not make a fool of myself. Recalling all the memories of months of uncertainty and suffering made me sad.

3.7.4 Fourth interview: Female Greek counselling psychologist, Rita

The fourth interview was with a female counselling psychology doctoral student in London named Rita, who was originally from Greece. She seemed excited to share her experience in performing psychotherapy in English as a second language. During the interview, she appeared sad sometimes while remembering the past, but she also expressed a sense of pride and happiness in the improvement she had made.

During this interview, I had my first self-disclosure. She was talking about trying different solutions to deal with her problems and said that she had started to give her clients a pre-warning as part of their initial interview of the possible difficulties they both might face regarding the therapist's receptive and perceptive language. She added that this innovative solution rescued her from her anxieties and concerns over the clients' possible judgements. I immediately talked about my experience and how I came up with the same solution to control my worries by opening up at the beginning to my clients, although it took longer for me to overcome my doubts and hesitation about this.

She claimed that working in a second language and her efforts to listen and see better have helped her with her mother-tongue clients as well. She explained that she has become more explorative and tried not to take anything for granted, even if it seemed clear at first glance. I have had the same experience. I think I have become less judgemental, but I am not sure if I can relate that solely to my struggles with language. Like her, I am a doctorate student of counselling psychology. For the last seven years, I have been trained in how to become less judgemental and more phenomenological. My conscious effort to explore the client rather than to interpret or to label them could be the effect of many factors including my education and the lessons I got from working as a counsellor in a second language.

3.7.5 Fifth interview: Female Iranian psychotherapist, Lelah

The fifth interview was with an Iranian female psychotherapist, Lelah. She had started her counselling career in England in a safer area by working at a Persian counselling service. Gradually, she increased the number of her English-speaking clients. At one stage of the interview, when she realised that even now occasionally she makes mistakes in English, she appeared frustrated and yelled angrily: *'For God sake, I've been here for 13 years, and still, I don't know this word, and I need to ask the client'.*

In another part of the session, she became worried, contemplating the possibility of harming her clients due to misunderstanding them due to her language restrictions. She used up all the 30 minutes of post-interview reflexive time I had offered her to talk about this interview. She was talking to me in Persian and added that she found the interview anxiety triggering but not to an overwhelming level.

It was the first and only time I spoke to any of my research participants in my mother tongue. We both experienced a different set of manifesting when we were talking in Persian. After an

hour of anxiety-provoking interview, talking in Persian was like a peaceful remedy. We both felt more comfortable in using it (see Chapter 4 for research limitations).

3.7.6 Sixth interview: Male Italian counsellor, Dante

Dante, a male Italian counsellor, had a doctorate and was working mostly with cognitive behavioural therapy (CBT) techniques. When my supervisors and I were determining the participant criteria, we decided to include all types of theoretical orientations and types of counselling/psychotherapies. This participant was the only CBT therapist among the interviewees. When I was interviewing him, I had a feeling that maybe it could be less challenging for a CBT therapist to work in a second language because of the accessibility of standard handouts, pamphlets, and so on.

He had a strong Italian accent and was talking very fast, which made it sometimes hard for me to follow his speech. He, along with another participant from France, did not express any significant concerns about demonstrating their foreign accent to their clients, while the other interviewees feared being judged based on their accents.

When I asked him to verify the transcript of his interview a few weeks later, he had changed his mind about being part of this research. He had concerns about being identified by those who might find who he was and asked me to anonymise him even further. We agreed to alter some identifying characteristics, which we already had considered neutral to hide his identity, like the country where he had studied or the name of the degree he had achieved. He also asked me if he could have a look at the results (Chapter 4) before submission to the university, to which I have agreed. He said he does not want to give anyone the opportunity to identify him. I was desperate. It took me more than a year to find a male participant, and now he was giving me his terms and conditions, and I had no choice but to comply with him, as I did not want to lose the only male interviewee I had so far.

3.7.7 Seventh interview: Female French counselling psychologist, Alice

The seventh participant, Alice, was a female French doctorate student in counselling psychology. She had a very strong French accent. As with the Italian participant, she had fewer concerns about being judged for her accent. In fact, she was pleased to have a French accent and asserted that her accent had helped her in therapy.

She talked about something that has not been mentioned in the literature before. She said that in her view, there is a kind of hierarchy in the way different languages are accepted in the UK. She added that she would have experienced a different attitude towards her accent if she were speaking Polish, for example (for a detailed discussion, refer to Chapters 4 and 5).

I was thinking about what she said for a few days after the interview. I remembered occasions in which I preferred (I still do) to call myself and my language Persian. In my view, the word *Persia* is associated with better concepts like Persian literature, the Persian Empire, Persian cats, and so on compared to Iran, which mostly enters the dialogue when people are talking about fundamentalism, Islamic extremism, and terrorism. What she said about the possible existence of a hierarchy brought back one of my fundamental questions in life: Is there anywhere on this planet where I feel a deep belonging?

Most of the other participants and I talked about our struggle with the colloquial language, as we all had learnt English in adulthood through the formal standard teaching of English as a foreign language. She had learnt a great deal of her language through living with her native English-speaking partner and through the large network of English-speaking friends around them. She claimed that she had more problems with using formal language and added that, occasionally, she makes embarrassing mistakes like using slang where she should be using a more formal vocabulary (for a detailed discussion refer to Chapter 4, the results).

3.7.8 Eighth interview: Male Iranian counsellor, Arash

The eighth interview was with a male Iranian accredited counsellor, Arash. He was working as a Persian-speaking therapist only at the time of the interview. He strongly believed that, to be able to work as a psychotherapist in English, one needs a very good command of English, which is not achievable by an immigrant counsellor. He had decided to limit his work to his mother-tongue clients only. The irony was that his spoken English was very impressive indeed. He had lived and studied in the UK for the last 15 years. He was speaking clearly with receptive pronunciation, slowly and with caution as if he was monitoring what he was saying and the way he was saying it.

During the interview, he appeared uncomfortable and sad at times when he recalled his battle with the obstacles in his personal and professional life. I could not stop thinking about this last interview for more than a week after the interview. I remembered my similar situation, and I reminded myself how fortunate I was not to give up.

When I started my work in the UK as a counsellor, I started with working in a Persian-speaking counselling service. I could not find the resilience and courage to work with English-speaking clients from the outset. Gradually, I gained the confidence to try working in English. My first session with an English-speaking client who happened to have an Irish accent (to make it even harder for me) had a disastrous result. I had palpitations; I was sweating and shaking during the session. I could not follow her speech. She noticed this. I reimbursed the fee she had paid, and she did not make another appointment. I was very close to deciding, like Arash, to give up working in English forever. I have a great debt of gratitude to my supervisors, therapists, friends, and colleagues who encouraged me to carry on and try over and over. Every so often, I might still find some challenges with English, but now I am aware of it, and I do not panic. I have accepted my limitations including my language limitations. If I had given up, it would not

have been the end of the world, but my life would have become more limited and my sense of belonging to the UK more unstable.

3.8 Research Participants

3.8.1 Sample size

In qualitative research studies, the sample size depends on the following five elements:

- The scope of the study.
- The nature of the research question.
- The quality of data.
- The design of the study.
- The use of shadowed data. This is when participants also talk about others' experiences as well as their experiences (Starks & Brown Trinidad, 2007, p. 1374).

We must consider that, in qualitative research studies, a large sample does not necessarily provide better data (Starks & Brown Trinidad, 2007). Because phenomenology is interested in exploring the common features of the lived experience, data from a few participants who can provide a detailed account of their experience is sufficient to reveal the essence (Starks & Brown Trinidad, 2007). The typical sample size for phenomenological studies is between one and 10 (ibid., p. 1375). In addition, IPA is conducted on small homogeneous samples to see convergence and divergence in some detail (Smith et al., 2009, p. 3). Smith (2009) suggested between four and 10 interviews for professional doctoral research. In this research, eight participants volunteered to take part.

3.8.2 Research participants

Research participants were psychotherapists, counsellors, or counselling psychologists whose first languages were not English and who learnt English as a second language as an adult. Research advertisements were distributed via email and mail to places that could be expected

to host bilingual counsellors and therapists, for example, some of the bilingual counselling services in London. Unfortunately, it was a very hard process to find suitable candidates who met all the criteria. Some candidates were bilingual but were balanced bilingual; they had learnt both languages simultaneously as a child. Some had less experience; some were older or younger, some did not have the experience of working in both languages and so on.

Therapy orientation, setting, and long-term versus short-term therapy were not considered. To protect the confidentiality of the research participants, the place of recruiting and the place of work of any of the participants has not been mentioned here. The research participants were from six countries, and they spoke seven different languages. Table 3.2 shows the demographic information of all the participants. The names of the participants have been changed, and pseudonyms are used to facilitate quoting from transcripts.

Tables 3.2: Demographic data of all participants.

Age	Between 31 and 43
Sex	Six women and two men
Languages spoken (besides English)	Polish, Romanian, French, Greek, Persian, Italian, and Portuguese
Years of experience as a psychotherapist or counsellor	From 4 to 13
Degree	Two doctoral students, one doctor, five second degree
Country of origin	Poland, Romania, France, Greece, Iran, and Italy
Age of immigration	Between 21 to 30
Reason for immigration	Two family reunion, one financial, five studying
Dominant language	All mother tongue
Professional setting	One private, one charity, six NHS

First language learnt	All mother tongue
Percentage of service in English	From 0% to 99%
Language of parents	All the same as participants
Language of education	Both mother tongue and English for all participants
Language spoken at home	Two both, five only mother tongue, one English

All the participants were adults when they immigrated to the UK. All the participants had at least a second degree (masters, PG certificate, or the final year of doctorate) in one of the branches of psychology or counselling. All the participants had one degree in their mother tongue. All the participants had the experience of working in both their mother tongue and in English, but the percentage of their current clients in English varied from 0% to 99%. It is essential to explain that one of the participants had recently decided to stop seeing English clients and had limited his work to Persian clients. I discuss him (Arash) in the following chapters.

They all spoke two languages, except one who spoke another language (Portuguese) in addition to his mother tongue and English. The languages of the participants' parents were all the same as themselves. Two of the participants said they spoke both English and their mother tongue at home, while five others indicated that they spoke only their mother tongue at home. One (Alice) claimed that she spoke only English at home because she has an English-speaking partner. For all of them, the dominant language was their mother tongues. Participants mostly immigrated to the UK for educational purposes, at least initially. Most of them (6 out of 8) were working in the NHS at the time of their interview.

3.8.3 Research participant criteria

This is a study of the experience of doing psychotherapy in English when English is not the therapist's mother tongue. Therefore, the participant criteria were chosen in a way to include such participants that:

- The first language of all the research participants must not be English. Because it is research into language in general and not a specific language, for example, Spanish or Farsi, all languages are accepted.
- The research participants must have gained English language proficiency in adulthood.
- All the research participants must be able to speak, read, and write in both languages at least at the advanced level. They must have passed an international accepted English test like IELTS with an average of 6.5 or its equivalent or have passed a university degree in the UK or in one of the other countries in which the language of study is English.
- The age of the participants must be at least 30 to have the minimum required qualifications and be a maximum of 50 to avoid the effects of age differences (the gap between generations) and to avoid the possible effect of ageing.
- Research participants must be qualified psychotherapists/counsellors. They must be UKCP, BACP, HPC, or BABCP registered or a doctorate student in psychotherapy or counselling with 150 practice hours as a psychotherapist. This is to avoid the research being contaminated by a lack of knowledge in psychotherapy and counselling. This criterion had some limitations (for a detailed discussion, refer to Chapter 6: Limitations of the Research).
- The research participants must have experience working with both native English-speaking clients and clients who speak their language.

3.9 Ethical and Moral Considerations

The core of ethical issues is the well-being of the researcher and the research participants. This research is not conducted with potentially vulnerable people like children or patients. Meanwhile, all efforts have been made to minimise the possibility of any harm to the participants.

3.9.1 Confidentiality

All the information is considered confidential, especially that referring to the clients of the interviewee. All personal data will be discarded after defending this dissertation, and no part of the data will be shared with any third party. The data are stored on a computer with a password. The information is and will be solely used for research and educational purposes. I have explained explicitly to the participants that the research participants will not be exposed to any risk to their employment status. Exploring the quality of the relationship and work of a psychotherapist with a client could be considered potentially dangerous by the research participant for his or her future, so all measures were taken to secure anonymity. All the names were changed, and the demographic information of the participants was separated and kept in a safely locked cabinet and will be discarded after the thesis is submitted.

The research participants were psychologists, counsellors, and psychotherapists, and they were working in different places. Any prominent identifying data like the place of study, the workplace, and the place of birth (except the country in which they were born) were deleted from the data. It was explained in the participant's information sheet and verbally before each interview that all the participants have the right to withdraw from the research at any stage without the need for any explanation.

One of the participants asked a few months after the interview to be anonymised more as he feared being recognised. Reassurance was given to him that his whole interview would not be

printed in my thesis and some of his other identifying information was also altered. He asked to see the final draft of the data analysis of his interview to which I agreed.

3.9.2 Privacy

All the interviews were conducted in private in a place agreed upon by the researcher and each of the research participants. The principle of privacy was observed completely. All interviews were recorded. Interviews were conducted in English. It was mentioned in the participant information sheet that if necessary, in special circumstances, the interview could be done in two sessions if requested by the research participant. None of the participants asked for that. Four different secure venues were offered to the participants: NSPC site in central London, my psychotherapy room at Edgware Hospital in north London, my psychotherapy room in the private practice I was working at in Golders Green, and finally the participant's office if that was their choice. The first and second interviews were conducted at NSPC, the third, sixth, and seventh interviews were at the participants' offices, and the fourth, fifth, and eighth interviews were done at Edgware Hospital.

3.9.3 Informed consent and safety

All research participants were provided with a detailed letter (participants information sheet) describing the aim and purpose of the research. All the research participants had the right to withdraw at any stage of the research. All aspects of disclosure were discussed with the research participants to ensure their well-being was the priority. I tried my best to avoid any unwanted potential harm during the interview. Meanwhile, a risk assessment was considered before the ethical approval of this research. The possible risks for participants could be feeling emotionally overwhelmed after talking about their experiences with their clients or feeling vulnerable because of disclosing their inner thoughts and feelings and worries over the disclosure of the identity of their clients to whom they may refer. The participants were

reassured that any reference to the names of their clients would be deleted completely. All the participants were offered half an hour after termination of the interview if they needed to talk about their emotions and reflect. They were also provided with a list of psychotherapy organisations including low-cost practices with whom they might want to seek help in case they needed it (see appendix). Although more than half of the participants felt anxious to some extent during the interviews, the level of expressed anxiety was never observed or expressed as unbearable or overwhelming.

My risks included travelling to the participant's interview places. Most of the interviews were conducted at Edgware Hospital or NSPC in which there is always access to other colleagues. Two of the interviews were conducted in the hospital where my participants were working, and only one of them was done in the private office of the participant. I carried my mobile phone with me wherever I went for the interview, and I discussed every step of the research with my research supervisors before doing that.

3.9.4 Informed consent for recording voices

Informed consent was obtained in writing before doing any recordings as part of the consent form given to the research participants. Recordings will be used solely for this research. All the recordings have been transferred to a flash memory drive, which is stored in a locked secure cabinet and will be discarded after completion of this thesis.

3.9.5 Costs

I reimbursed travel expenses to the research participants as agreed in the consent process.

3.10 Dissemination

Each research is performed to answer the curiosity of the researcher. Besides adding some knowledge to the previously existing body of literature on a certain subject, research might benefit some sectors of society in different ways. Harmsworth and Turpin (2000) have

suggested dissemination into three sub-categories, which I have used to convey my message better.

3.10.1 Dissemination of awareness

The result of this study might help bilingual colleagues who are struggling now to practise therapy in a second language by giving them a sense of kinship; they are not alone, and there are other similar people out there. Moreover, there is material for self-reflection on how to respond to their dilemma.

3.10.2 Dissemination of understanding

The results of this study might benefit counselling and psychotherapy schools, academic staff, and supervisors who are working with bilingual counsellors by giving them some in-depth knowledge of the problems of their students and supervisees.

3.10.3 Dissemination of action

The aim of dissemination of action is to increase the knowledge and benefit of this study beyond a limited number of people. There would be an opportunity for the researcher to share the findings with authorities who regulate teaching and practising psychotherapy/counselling and supervision in the UK, for example, BPS, UKCP, HPC, our counterparts in Europe, and bilingual counselling services around the country, to increase their knowledge of the research question. There would be a discussion of the limitations of this research and recommendations for further studies (refer to Chapter 5).

Chapter 4: Findings

4.1 Introduction

The aim of this chapter is to present the findings of the research. For a detailed discussion of the results, comparisons with previous studies, suggestions for future studies, and a discussion of the strengths and limitations of this research, refer to Chapter 5. As explained in Chapter 3, the methodology used for this research was IPA. Eight participants who spoke six different languages between them were interviewed. They were all practising psychotherapy in English as their second language. As explained in Chapter 3, interviews were listened to more than once and linguistic, descriptive, and conceptual comments were added to the side of each interview. Based on the comments, possible emergent themes were extracted. Appendix I has demographic details of all the participants and detailed information of emergent themes across all individual interviews. From these individual emerging themes, shared unique themes of the phenomenon are presented.

After all the IPA steps were repeated for all participants, similarities and unique characteristics/themes were revealed. The next stage involved exploring potential similarities between themes and grouping similar themes under a single heading. Each theme was written on a flashcard and spread out on an empty floor. Themes were diverged and converged based on similarities and differences according to the key steps of IPA. Themes and sub-themes were identified and classified based on the frequency of use and the number of participants who expressed each theme. The analysis process was repeated with all other participants to arrive at the final themes and sub-themes.

Sub-themes emerged from the themes that were more general; for example, most of this research participants had some concern regarding how their speech is received by their clients, and some of the participants divulged their concerns regarding having a foreign accent, while some others spoke about their problems with using some words.

As explained in Chapters 1 and 3, the aim of these findings is to endeavour to render an authentic description of performing counselling and psychotherapy in English when it is not the therapist's first language. As explained in Chapter 3, checking the validity in qualitative research is different from the quantitative research (see Section 3.6). There were sentences in which the researcher was not sure about the intention of the participants, so all the participants were invited to verify those sentences and to comment on their interview and let the researcher know if the analysis of the data fit with their experience of the phenomenon. Of the eight participants, five agreed to check the validity of their analysis. Even so, this research has potential limitations (see Chapter 6: Limitations of the Research).

Table 4.2 below captures all the themes and sub-themes that were identified by the researcher. It details the number of participants referring to each theme/sub-theme and provides some information about the extent of their universality. The themes were formed in five big clusters; themes related to emotional experiences of the participants, themes regarding the therapeutic relationship of the participants with their clients, themes pertinent to the professional identity of the participants, themes discussing the support they received or anticipated to receive and finally themes with references to culture.

Table 4.2: Themes and sub-themes.

Themes	**Sub-themes**	**No. of Interviewees (out of 8)**
Anxious, Nervous, Scared		8/8
Frustration		3/8
Anger		2/8
My Pronunciation, My Accent		7/8

Client's Accent, Colloquial Expressions, Difficulty to Understand	Unknown accent and different pronunciation	6/8
	Unknown words	6/8
Nonverbal communication		5/8
Shift of attention		7/8
Avoidance of clarification		6/8
Delay in pace of therapy		5/8
Transitory phenomenon		7/8
Client's judgement		6/8
Not on the same level		5/8
I am not myself		4/8
Adjustment	This is how it is	5/8
	Be open to all information, not just words	5/8
Self-growth		7/8
Supervision		5/8
Language improvement		4/8
Help of a colleague		3/8
Review with the client		4/8
Help of son (second generation)		1/8
Expectations of support		7/8
Overlap of culture and language		8/8
Mother-tongue cultural issues		4/8

Overlap of language and being a therapist		3/8
Need for cultural familiarity		3/8
Hierarchy for acceptance of other languages and cultures		1/8
Racism		1/8

4.2 Themes Related to Emotions

The first question in the semi-structured interview referred to the emotional experience of performing therapy in English as a second language. Emotions were the most repeated theme of all the interviews. To facilitate the presentation of data, the researcher has used all the themes referring to the experienced emotions under the group of themes related to emotions.

4.2.1 Anxious, nervous, scared

All eight participants talked about powerful emotions that they experienced when working as a therapist in English. Some described bodily discomfort and some uncomfortable feelings either before, during, or after sessions, especially with English-speaking clients. These uncomfortable experiences were reported to be in relation to the participants' concerns around understanding their clients and/or being understood by them, which will be presented later in this chapter. Despite having powerful emotional experiences at various times, all eight participants expressed feeling gradually more at ease as time progressed. One of the participants had quit working in English. As explained in Chapters 1 and 3, for clarification and to give depth, I asked three different broad questions about participants' experiences during the semi-structured interviews.

These questions were related to working with native English-speaking clients, clients for whom English is a second language (as for the participants), and clients who spoke the same first language as the participant. To demonstrate the differences or similarities between the participants' experiences in working with the native English-speaking clients, with the English-speaking clients who use English as a second language, and the mother-tongue clients, the interview extracts have been put in separate tables (Tables 4.3 to 4.5).

Table 4.3: Extracts from interviews: Working with native English-speaking clients.

Dyta responded to an advertisement I left in the office of a colleague. She had a strong non-English accent. She was speaking slowly as if she was thinking about every word she was uttering. Dyta was talking about what she described as '*feeling extremely nervous'* and being uncertain about the way her clients might react to the way she pronounced words in English. Dyta (speaking Polish): *I've been extremely nervous about the process. Because I was not certain about how am I going to use English whether the way I speak is going to be understandable because sometimes pronunciation is slightly different and for many people, it causes confusion so lots of things like that so how a client is going to react to me speaking language with slightly different pronunciation.*
Berta was a counselling psychologist working for NHS. She appeared to be a little uncomfortable during the interview, and when we finished, she said that talking about the problems she had faced in practising therapy in English was causing her to feel uncomfortable. In response to my first question regarding her experience of working with native English-speaking clients, she replied (speaking Polish): *It made me feel like non-competent. I was kind of blocking myself within inside, couldn't give them what they want because I didn't feel strong enough to be their*

therapist in the first place. I was scared to ask what they meant by what they said, and I was trying to go round asking again…missing the words and...and…because I was so not sure about my language I wasn't focussing on them. Rather I was focussing on what I was actually asking them.

Berta was referring to something she called '*blocking from inside'* and had a feeling that she was not able to provide her native English-speaking clients with what they needed. She also stated that her focus was on what she was saying rather than her clients.

Alice was a doctorate student in counselling. She sounded to me to have a strong French accent. She said that she had some problems at the beginning of her work, something which disappeared relatively quickly. She said she was worried about not understanding her clients and/or not being understood by them. Alice (speaking French):

At the very beginning when I was starting my placement, maybe the first few months of my first placement, I was anxious about the accent. I was worried about not understanding people, erm, so I was I was even more focused, then I think it was really tiring at the beginning because I was so focused, I was so wanted to understand so I think the session was draining because I was working with putting too much energy to focus.… I was anxious about the accent. I was worried about not understanding people. Are they going to understand me? Because I've got an accent. I was worried about am I going to be able to say what I wanted.

She added that soon after as she realised she did not need to know all the words to understand a client, she felt more comfortable. She used the word *anxiety* to describe her initial emotion in working with the native English-speaking clients.

Even if I didn't have all the words I could get general idea and...so I realised actually I don't need to understand every word. I just need to relax be with them be present

be open to all the information not just the words. I realised it was okay. I could understand them and so quite quickly, ... I wasn't anxious about that.

Rita was a counselling psychology doctoral student in London. She was originally from Greece. During the interview, she seemed sad to me sometimes as she remembered the past, but she also expressed a sense of pride and happiness in the improvement she had made. She used the word *anxiety* to describe her emotional experience in working with native English-speaking clients. Rita (speaking Greek):

I was very anxious. I remember the first times that I started working here that I had this anxiety before meeting my first English native clients and I was thinking how are they going to feel about having a therapist that does not speak English as fluently….In the beginning was very very I was feeling quite anxious and I had a sense of whether I am going to you know, something like feeling that I might be incompetent its…talking therapy so speech and language is something quite important that….em so I was very worried. It was anxiety provoking. It was difficult.

Laleh was an Iranian female counsellor. Laleh started her counselling career in the UK working in the relative safety of her mother tongue in a Persian counselling service. Gradually, she had increased the number of English-speaking clients. At one stage of the interview, when she realised that occasionally she makes mistakes in English, she yelled angrily. Laleh (speaking Persian): *'For God sake, I've been here for 13 years and still I don't know this word and I need to ask the client'.*

In response to the first interview question regarding the experience of working with native English-speaking clients, she replied:

I saw my first native-speaking client. I was terrified to be honest. I remember myself having a butterfly in my tummy when I sat in the chair in front of that gentleman. Fear is still there when I think. It depends on the language skills of the client. Anxiety kicks in there and the sense that I might not be good enough.

Laleh used the words *anxiety* and *fear* to describe her feelings when facing native English-speaking clients. She also mentioned bodily discomfort ('*A butterfly in my tommy*').

Arash was an Iranian qualified counsellor. Arash provided therapy to both Persian and English-speaking clients for some time before limiting his work to Persian-speaking clients just few months before the time that I interviewed him. He strongly believed that, to be able to work as a psychotherapist in English, one needs a very good command of English, which is not achievable by an immigrant counsellor. He had decided to limit his work to his mother-tongue clients only few months before the interview. He had lived and studied in the UK for the last 15 years. During the interview, he was speaking clearly and slowly, and I had a feeling that he was thinking about the words he was using. During the interview, his face turned red a few times and he appeared uncomfortable to me. After the interview, he said that he felt anxious when remembering his difficulties with English-speaking clients in the past. In response to the first question about the emotional experience of working with the native English-speaking clients, he replied as follows. Arash (speaking Persian):

As a therapist, you cannot say what you want to say really so sometimes you feel am I able to reflect correctly? Am I able to understand correctly? The client might use slang, so you know, informal phrases or… So, I was a bit scared.

He described his emotional experience of working with the native English-speaking clients as being scared. This fear was about being able to understand the client and to reflect

correctly on what the client is talking about. He also mentioned not feeling comfortable in the session. *'That wasn't a you know, a comfortable time for me'.*

He also talked about his need to ask native English-speaking clients for the words or phrases he could not understand. He said that he was doing that, but he had a *'feeling of being scared…. So, I was afraid sometimes to ask but I had to but the feeling of being scared or so that was a barrier in the therapy session'.*

Dante had a doctorate degree and was working mostly with CBT techniques. He sounded to me to have a strong Italian accent and was talking too fast, which made it sometimes hard for me to follow his speech. He talked of his mind being blocked when he could not understand the native English-speaking clients. Dante (speaking Italian): '*I felt totally blocked, I felt I can't understand and I had to ask the patient'.*

Dante used the word *anxiety* for his emotional experience and added that the level of anxiety he could experience was related to whether the language was causing a breakdown in the communication with the client or not. *'If the patient perceives, understands, I don't feel very anxious; if the language causes a breakdown in the communication I feel a bit anxious'.*

Merry was a doctoral student in counselling psychology originally from Romania. Merry was the only participant who mentioned having a complaint against her regarding her language proficiency. She appeared very uncomfortable with me in the session. Nevertheless, she confirmed that she was okay and willing to proceed. In response to my first specific question about working in English with native-speaking clients she insisted that language had never been an issue for her. Merry spoke about feeling '*emotionally drained*' but she expressed that it was not related to language issues but to the type of client that she was working with regardless of the language they spoke. '*Sometimes you feel*

drained emotionally after the session with a client, but it's not because of the language. It's because of the content they bring in the room'.

However, later she talked about her difficulties asking clarifying questions regarding language from native English-speaking clients and added: *'I wanted to do more than I normally do to prove myself and asking questions may seem you don't know what you're doing'.* She also talked about her problems in leaving voice messages for her native English-speaking clients and her preference for sending text messages instead because of what she called '*being too anxious'....* '*The most difficult for me was to leave messages for the clients, so I had to write instead of to read because I was too anxious, and I was told (even) yesterday that still I tend to talk too fast'.* She also had some concerns about the research on immigrant therapists (refer to the post-interview reflections in Chapter 3).

Of the eight participants, five have used the word *anxiety* or *being anxious* to refer to the emotional experience they had with their native English-speaking clients. One (Dyta) used the phrase '*extremely nervous'*.

Another participant (Laleh) used the expression '*butterfly in tummy*', one (Arash) used the phrase '*being scared*', and finally, one participant used the phrase '*blocked from inside*' to describe their emotional experience. Asking the participants about their experience of working with the native English-speaking clients, the clients who speak English as a second language, and the clients who speak the participants' mother tongues could help to provide a platform to compare the emotional experience of the participants among separate groups of clients.

The powerful emotions expressed by the participants were related to their communications with their clients or their sense of competency, which will be elaborated further under different thematic headings.

The second question was about the experience of doing therapy in English with the clients who use English as a second language and do not appear like native speakers to the participants. Five of eight participants talked about being more comfortable when working with clients who speak English as a second language. Working in their mother tongue was significantly less uncomfortable based on the participants' answers to the research questions. If there were any concerns, they were related to issues other than language, as shown in Tables 4.4 and 4.5

Table 4.4: Extracts from interviews: Emotional experience working with English-speaking clients in a second language.

For Dante, communication with a client in English as a second language appeared to be easier than English as a native language. He did not mention experiencing any uncomfortable feelings regarding language in working with this group of clients. *I used to understand much easier people speaking English as their second language I think so uh you know the German speaking English or a Spanish speaking in English for instance it was much easier than a native…. I got very used to that kind of English, before I went to the US and coming here where of course English is different.*
Arash spoke about feeling equal to this group of clients in terms of language proficiency and felt more relaxed as a result. He compared his work with the native English-speaking clients and added that he was '*more relaxed*' and '*less scared*'. Arash added that he was not very concerned about his own language mistakes because he was thinking that the client is also coming from the same place. *I think it is different! Firstly, you see them a kind of of like yourself…. In terms of language using English you feel you are more or less the same. You don't understand some words in English…. That you can feel that it's okay that sometimes you know we speak not fluently. Fine, because they are like you. You can understand each other. You're not from here and you don't expect each other to be you know fluent in*

language so, I wasn't that scared when you know when I saw clients who speak English, but they are not English really. So, the feeling was much much better. I was more relaxed…. You know I wasn't afraid. Even if I was speaking a bit wrongly…. It was a kind of more relaxed for me. I didn't have the same feeling when I was working with the English people.

Laleh also asserted that working in English as a second language was easier for her, and she felt more comfortable because of a sense of equality with her non-native English-speaking clients. She also added that she felt more comfortable because she was not being judged for her language proficiency.

To be honest it's much more comfortable because I think maybe it's to do with that sense of equality…. I might feel the same. So, it has been quiet…. I think much more not quiet, much more, much less challenging I think…. I think I'm much comfortable because I see that we are equal I'm not judged.

For Rita, it was again about having something in common with the non-native English-speaking clients. She used the words '*more relaxed*' and '*not to be worried'* as both the client and the therapist had a mutual understanding that speaking in a second language is difficult, and they might not speak fluently.

I had the assumption that they would understand me they would be more understanding in the fact that I am not speaking fluently because they as well were coming from another country, so they had the same experience as me…. That we both don't have to worry. They didn't have to worry when they couldn't t find the perfect word or when they had some difficulty in explaining themselves and also, I didn't have to worry as much there was a common understanding between us that ok we both know that it's difficult and yeah it felt as more relaxing…. We had something in

common, so this made me feel a bit more relaxed. It made me feel a little more relaxed being with clients that were not fluent English speakers. We both don't have to be worry.
Berta used the word '*foreigners*' and emphasised being on the same level with her non-native English-speaking clients. She had no fear to ask for clarification from them, while, she claims was scared of being judged for her English with the native English speakers. In response to the research question on working in English with those clients who speak English as a second language: *It is different for me. To work with let's say foreigners. It is easier because obviously sometimes they got accent when I say foreigners, I don't mean Americans that are English you know those who use English...* *Researcher: Those who have second language English?* *Exactly! exactly it is easier because.... I don't know we operate from different kind of...I really don't know how to explain that to be honest probably it is yeah. something to do with the fact that you feel on the same level... And even if you make a mistake or... You know you're not scared to rephrase it because they are as fluent as you are. So, you are not being judged where is in the other case I'm afraid I'm scared of judgement.*

Table 4.4 demonstrates that five of the participants clearly distinguished between the level of their emotional experiences (like being scared) when working in English with native speakers and working with speakers of English as a second language. For all participants, when they felt equal with their clients or at the same level regarding language difficulties as their clients, they reported a lessening of anxiety and that their minds were more at ease. Fear of being judged

and thinking about equality are frequently mentioned themes, which will be elaborated more herein.

The client group that provoked the least uncomfortable feeling in the participants was those who were speaking their native languages. With this client group, if any of the participants expressed feeling tensed or uncomfortable, these emotions were pertinent to issues other than language. Table 4.5 provides key themes related to emotional experience with mother-tongue clients.

Table 4.5: Extracts from interviews: Emotional experience in working with mother-tongue clients.

Arash compared his work in Persian with working in English both with native and non-native English-speaking clients and mentioned is that he does not have any fear about language in working in Persian because he can articulate what is in his mind with no limitation caused by language. He used the words '*being like myself*' to describe his emotional experience in working in Persian. *Obviously, you don't have those kinds of fears because the language is yours, so you can fully understand your client in terms of language.... So, I mean in terms of the feelings I'm much much more like myself you know, there is nothing I would like to say, and I can't. There is nothing because the language that you know you grew up with.*
As explained before, Laleh started her counselling career in a Persian counselling service. When she started studying counselling in the UK around 15 years ago, at the beginning, she was only working with Persian-speaking clients. In response to my question regarding her experience with her mother-tongue clients, she replied at the beginning that she had experienced '*anxiety*', but then added that it was related to not having enough experience as a counsellor (being a trainee).

I was much more confident, and I think the only anxiety I had as a trainee I remember because I started seeing clients just in my own language, Farsi, so…the… anxiety was there but it wasn't to do with language. I was more comfortable because because I could handle the language, but that anxiety was about: am I good as the therapist or not?

Alice said that the research question was interesting to her and added that it was a dissimilar experience for her, as it touched her more. Alice started a counselling career in the UK and has seen clients in English first before recently starting to see clients in French. She used the word '*embodiment*' to describe her experience of doing psychotherapy in French.

French-speaking person, err, it was quite interesting that was a different thing, one is her words really touched me deeply, it's like the words, the French words, and the French culture that were in the words in a way. It was touching me like in my bones. Much more deeply than in English.... French, I born in it, it is in my bones. It's everywhere. I embodied it.

However, she added that she was irritated by French for personal reasons. She said French represents a part of her life that she was not happy with, while English represents a better part of her life; she had been happier since immigrating (see also Duality of self concept).

Dante explained that he had studied psychology and worked as a therapist for a couple of years in Italy before coming to the UK. He described the experience with Italian-speaking clients in Italy as follows: *'So, I felt very natural. You felt you possessed the terminology, everything was smooth everything was like downhill*'.

After coming to the UK and studying a new subject and working here as a counsellor for a couple of years in English, he started to see clients in Italian as well. This time he said he

felt anxious about not knowing the equivalent of CBT terminologies in Italian, a problem that he overcame relatively quickly. *I never thought about this, so I was anxious. These were my emotions before the session… so I said let's go through the terminology and basic stuff you know behavioural stuff how do you say that? And of course, there is always away to translate it.*

For Merry, although she described initially feeling '*more comfortable in my language of course*', it was hard to firmly distinguish between the emotions evoked by the three distinct groups: 1) native English speakers, 2) speakers of English as a second language, and 3) speakers of their mother tongue. Merry, in contrast to other participants, found it difficult to distinguish between her feelings when working in English and in Romanian (her mother tongue). '*Sometimes I'm not really realising what language I am speaking. I think I would have similar emotions in any language I talk'.*

Three participants, Alice, Arash, and Rita stated that their worries related to language had a cumulative effect on their concerns about doing therapy in general, particularly when they were less experienced therapists. This is potentially related to the fact that all the interviews have something of a retrospective element; inevitably, memories of the past could be affected by memory function and by being less experienced in the field (see Chapter 4 for research limitations).

Table 4.6: Extracts from interviews: Commutative effects of language and being a less experienced therapist.

Alice stated: '*The first time you see clients you are anxious about everything, but because it was my second language I know the anxiety was* [there]'.

For Arash, what he called '*anxiety*' was added to his struggle to adapt to a new society. '*You arrived in a different country; you've changed everything in your life. You get anxiety. That was not a comfortable time for me'.*
Rita stated: *'I became more and more experienced working here in the UK. I gradually felt more and more comfortable with it* [doing therapy in English]'.

4.2.2 Frustration

Frustration was another emotion described by three of the participants (as detailed in Table 4.7). Frustration was expressed relating to the following areas: 1) delay in understanding the client or not being able to fully understand the client and 2) facing limitations in communication with the client because of their language shortcomings.

Table 4.7: Extracts from interviews: Frustration.

Dyta stated: '*Sometimes it's frustration. Yes, this is frustration that we can't communicate better…. There is an element of frustration as if I wanted to get a bit faster, so delay is frustrating experience for me'.*
Arash stated: '*If they* [clients] *say something and you don't understand what's the point of therapy?'*
Berta stated: '*Frustrated that again I want, but I can't. Wanting to help and not being able because I don't speak perfect English'.*

4.2.3 Anger

Another less common emotion expressed in the interviews was anger, which was mentioned by two of the interviewees. Anger was experienced as a result of frustration with the language.

It was even evident in the tone of speech during the interviews. Participants had a feeling that, no matter how hard they worked, it would never be possible to come close to the linguistic ability of a native-speaking therapist.

Table 4.8: Extracts from interviews: Anger.

Berta stated: *'I felt angry with myself that I can't be up there. Just do the job like English-speaking person. I was very angry with myself*'.
Laleh stated: *'For God sake, I've been here for 13 years and still I don't know this word and I need to ask the client'.*

4.3 Themes Related to the Therapeutic Relationship

Some of the concerns and worries expressed by the participants and described in detail were asserted to be related to either understanding the client's speech or worries of the therapist's language not being understood by the client. To facilitate the presentation of data, the researcher has used all the themes referring to the relationship with the client under the group of themes related to the therapeutic relationship.

4.3.1 My pronunciation, my accent

Seven of the participants made direct comments about their concerns about being understood by native English-speaking clients because of having a foreign accent and problems with accuracy and pronunciation. When their clients were using English as a second language, their concerns about their accent were significantly reduced. Two of the participants, Alice and Merry, became angry in the interview by the probing questions about their experience with language (see Chapter 3 regarding post-interview reflections).

Table 4.9: Extracts from interviews: My pronunciation, my accent.

Dyta discussed her concerns regarding her different pronunciation and wondered if this may cause any impediment in counselling. *I was not certain about how my pronunciation is going to be received by the client, whether the way I speak is going to be understandable. How a client is going to react to me speaking language with slightly different pronunciation.*
Merry felt that some of her clients might have struggled because of her accent, a phenomenon that still exists. She also emphasised that this is dependent on the type of client, and there is no general rule for that. *Sometimes some people don't understand me. But I can't generalise it depends on the person I'm talking to I can't say I always feel like this no I have different kind of clients you know…. Probably people still struggle with my accent.*
Rita experienced difficulties with her clients in relation to what she perceived as their negative attitudes towards her accent, rather than as a result of sophisticated language use. *It also depended on the client. There was some clients with them I felt a little more uncomfortable. I could sense that some clients might wish…cause I am not native speaker I could sensed a bit…you are not from England you don't speak fluently…. I was thinking about how are they going to feel about having a therapist who doesn't speak English fluently? I have a different accent.... Therapy is not about finding the perfect word or having the perfect accent….* (Angry) *I don't have this awful accent that no-one understands me.... I'm not from the UK. I am very sorry my accent is not that perfect, I have a foreign accent.*

She emphasised her lack of a strong foreign accent and added that her clients' reactions to her lack of fluency and accent vary depending the type of clients she visits.
Arash seems to consider fluency and accent as the same and believed that, even if he speaks well, he cannot be considered fluent because he has a foreign accent, and having a foreign accent is a barrier in counselling according to Arash. '*Even if you speak well, you are not fluent. The first thing is your accent.... They know you're not English because your accent can tell, and I think it's a barrier*'.

Dante believed that people who are less exposed to diversity have greater problems with language, yet he added elsewhere in the interview that clients might get used to a vague accent, but that it is extremely difficult. He mentioned feeling embarrassed about having a foreign accent. Rita shared Dante's view that people who are used to seeing foreigners in different contexts are less judgemental about the therapist's language, especially in London. Laleh referred to her clients' curiosity about her foreign accent: *'This sense of being judged by your accent then assuming where you are coming from'* (see also fear of judgement).

4.3.2 Client's accent, colloquial expressions, difficulty to understand

The second group of themes expressed by the research participants were reflecting their concerns about understanding their clients' speech. They were worried whether they can understand fully what their clients were discussing.

4.3.2.1 Difficulties with client's accent and pronunciation

Six of the eight participants described the challenges that they faced regarding their clients' accents and pronunciation.

Table 4.10: Extracts from interviews: Client's accent and pronunciation.

Dante referred to two perceptive problems with his native English-speaking clients: when they speak too fast and those who have a strong accent and are from other parts of the UK than London and the south. *My major difficulty has been when someone particularly has a very strong accent and – but in London I have to say it's been overall ok.... Sometimes people might speak very fast despite the accent, so it could be another difficulty, especially from certain parts of England, not from the south, then it can be a bit tricky.... Accent can still play a role all the time, someone who has got a very strong accent.*
Dyta referred to two types of concerns she had in working in English with native English-speaking clients: first, to comprehend the client's speech when they are speaking fast and with an affectionate tone and, second, her belief that she should understand hundred per cent of the client's speech to be able to grasp the content of their narrative. *My problem was to understand everything that the client was saying specially if crucial bits and pieces might be said with affectionate tone very quickly. How I am going to figure out what was the content of that narrative if I don't get it hundred per cent.*
Laleh referred to her concerns and asked herself whether she would be able to understand the client's speech because of their strong English accent. *His accent was so difficult for me to understand* [sad voice] *…. I was terrified to be honest. I wasn't sure whether I would be able to understand the client.... Accent that made it much more difficult for me…. And the other part of it was accent.*
After talking about using nonverbal communication to make up for language shortcomings Berta added: '*I find doing therapy over the phone extremely difficult because you cannot see*

let's say the basic stuff the thing you know that speak out louder than the words'. Nonverbal communication helped Berta to understand her English-speaking clients in face-to-face settings. As nonverbal communication is missing from telephone counselling, Berta found this very difficult.
For Rita, the problem with accent was not limited to native English-speaking clients but also included those using English as a second language. '*Working with clients that as well didn't speak in their native language, the accent might also be a little difficult to understand…. For example, some people spoke in an accent that I was not very familiar with'.*
Alice repeated several times that she had language-related problems at the very beginning of her counselling career and that this has subsequently changed. She found working with people who speak English with an Irish accent harder. *I was anxious about accent. I was worried of not understanding people. It was really tiring* (Exhausting) *at the beginning. It was harder with Irish people then. Irish was really difficult for me to understand. It's something in the accent that was very hard for me.*

Dante had a different and more positive attitude towards the accent and pronunciation of those who speak English as a second language and added that he understands English spoken as a second language with a foreign accent better than the way a native English speaker understands English with a foreign accent. *'For a native speaker, if the patient's English is not really good, if someone has a strong Spanish accent, they might find it quite difficult. For me it's not the case*'.

4.3.2.2 Unknown (missing) words

The second set of problems with language understanding was about unknown or missed words and the effect of the missed words on understanding clients fully. On one hand, these concerns were about the clients' use of street language and slang. On the other hand, they were about complex language structures and jargon. Sometimes the problem was simply missing a few words that had a significant effect on understanding the clients' speech. Another significant source of concern for four of the eight participants was related to sophisticated/well-educated clients who used complex language structures and jargon.

Table 4.11: Extracts from interviews: Unknown words.

For Dante, the problem was his less familiarity with the colloquial language. He gave an example of a client who had used an expression that Dante could not understand. He believed that he had made his client upset by not knowing the meaning of an expression. *I may struggle if they use like more colloquial expressions. It's a bit harder because it's not sort of the language of the therapy, the standard…. He was saying 'It's the spur of the moment' so I was asking him two times and I think the fact that I could not understand was upsetting him.*
Dyta brought an example of misunderstanding the meaning of an idiomatic expression and translating that literally instead. *She described one of her dreams and using that idiomatic expression that meant something very specific and I grasped as just very visually described without any awareness of that expression…. I said oh because it was exactly what she's been hiding from me not telling me about that emerged may be 4-5 sessions later…. I still don't know I've never came back to that I never talk to this client about this.*

Dyta expresses that her client could have hidden something from her using an idiomatic expression, but it could be a simpler than this. The client might have used an expression naturally as part of their normal discourse, but because Dyta did not grasp the meaning of the expression, she thought the client was hiding something from her.
Merry said that she was using dictionaries to look up the words she did not know, but again, she seemed to have problem with those words that you cannot find in a standard dictionary. Merry found understanding slang particularly difficult. Merry also pointed to her problems with unknown words, but she attributed her problems to the complexity of English. For that reason, she believed that even native speakers may need to ask for clarification from their clients. *'Most of the struggles were with words that I couldn't find in dictionaries, the street language'.* She also spoke about her problems in understanding a client when the client's speech was rather basic due to their mental problems. She was the only participant who had received a complaint about her English. The complaint was from a client who claimed that her English was not up to the expected standard. '*I noticed very quickly when I started practising here that a lot of English people don't understand themselves. They have to clarify what they mean'.*
For Arash, unknown words had two opposite aspects. He explained his problems with slang on one hand and his concerns of sophisticated language on the other hand. '*Am I able to understand correctly? The client might use slang, informal phrases, so I was a bit scared'.* He seemed to be more concerned about unfamiliarity with the language of more intellectual people than with slang. Arash talked about being scared of the clients' use of informal English or slang. He mentioned a few times during the interview that counselling, and psychotherapy require a higher proficiency in English than day-to-day activities.

When you go shopping...that's fine you can communicate. You can say your words. You can, you know, do whatever you want to really but within the therapy room, I believe it has some impact on your work still even if you speak you speak well, I believe you are not fluent [He raised his voice here] …. *I wasn't quite sure if I was able to communicate and if the client was an articulate and intellectual person that would make worse even, so they would use some words or phrases I didn't understand at all…. When you're dealing with more intelligent and articulate person, it's more difficult because they would apply more difficult words and phrases.*

Alice had a different experience with slang, as she had largely learnt her English through her English-speaking partner and interactions with English friends. She gave examples of very inappropriate use of slang instead of formal words in a therapeutic setting.

Sometimes I use slang without realising; for example, to say penis I say dick, or instead of erection I happened to say hard-on. So, I was working with a client she was trying to tell me that her boyfriend couldn't have erection. What came out of my mouth was hard-on and I didn't understand why she was laughing at first – so I usually understand slang more than formal.

Nevertheless, Alice believed she gets away with that because, according to her, her clients have fewer expectations of a bilingual therapist. '*I am not English. They don't expect me to have an English politeness. They don't have the same expectation from me, so I get away with it*'.

The six participants who spoke about the unknown words showed some diversity in their responses. For Arash and Laleh, the difficulty was with both colloquial language and jargon. Alice had learnt more slang than formal English, and she sometimes used inappropriate words

in therapy, but she believed she could get away with that. Merry believed that English is a complicated language, and even the native speakers do not understand themselves and need to ask for clarification.

4.3.3 Being with the client

The third set of themes about the therapeutic relationship is focused on being with the client. Regardless of our therapeutic orientation, we all know about the importance of being with a client. The eight participants in this study talked about different aspects of being with a client and how their difficulties with English as a second language shaped/reshaped their experience. To facilitate the presentation of data, the researcher has used all the themes referring to the relationship with the client under the group 'being with the client'.

4.3.3.1 Nonverbal elements

Five participants discussed nonverbal elements in therapy but had diverse experiences. Some expressed their difficulties with grasping body language in English-speaking clients, but other participants claimed to use body language to compensate for their language shortcomings. The other three participants did not refer to nonverbal communication with their clients.

Table 4.12: Extracts from interviews: Nonverbal elements.

For Arash, as with a client's speech, understanding and interpreting the body language of English-speaking clients seems to be harder than with his native-speaking clients. For him, it is much easier to grasp nonverbal cues in Persian than in English, and he believes this to be of pivotal importance in therapy. *I feel more confident to a kind of analysis, understanding of body language of Persian clients…. I think it's very important to me as a therapist to perceive the body language. If I don't understand I can clarify with the English clients, but I have much better sense of body language* [in Persian].

Berta had a rather dissimilar experience. She believed that she makes up for her language-related limitations by focussing more on the nonverbal aspects (body language) of English-speaking clients.

> *Because it's not your language I trained myself to rely on not language only, but on other cues… Important to observe face very closely and body because if you are lacking verbal skills you need to catch up with other stuff…. If I was to do therapy with Polish speaker, I would focus on language more whilst doing therapy with English-speaking person I'm observing a lot of things like their face, how they speak not what they say.*

She believed that, over time, this attention to body language has become a positive factor for her, and she has become more sensitive to nonverbal cues.

> *Because it's not my first language, I'm very good at picking other stuff, nonverbal language cues that are so important in communication with people. I'm very sensitive to these things and possibly I can see them more quickly than someone else*'.

For Alice, while admitting that at the beginning she had uncomfortable feelings when doing therapy in English, she realised that she did not need to understand every word that the client utters and could use nonverbal cues to enhance her communication. Like Arash and Berta, Alice also emphasised the importance of nonverbal communication with any client.

> *I realised that it is important what they say, but it's also how they looking at me or not looking at me, the energy in the room, or the way they say something…. I realised I don't need to understand every word. I just need to be open to all the information, not just words, their presence, their gestures.*

Rita said that she used to pay attention to nonverbal cues to verify if her client was okay with her speaking English with a foreign accent. She was looking for any sign of uncomfortableness in the client.

> *I always kept it in my mind and always aware that I might need to open it up* [nonverbal elements] *and I might need to discuss with the client in case I see that there is some discomfort, some problems*.

Dyta stated: '*I would say with the Polish clients, something enters the picture more quickly and it's nonverbal communication, much more quicker. Something that emerged so slowly in the relationship between the English-speaking client and the Polish-speaking counsellor'*.

She also stated: *'It was easier to pay attention to the non-verbal communication with Polish clients and not that easy with English speaking clients'.*

Dyta also added that she might have missed many nonverbal cues in English because she was not feeling relaxed in the language. '*I would say, non-verbal reception was not as powerful as with my Polish speaking clients. It is taking a while for me to be relaxed about the language and at the same time increase my non-verbal receptivity*'.

Dyta appeared to believe that observing the nonverbal cues in her mother tongue is easier and faster than in English. Dyta also pointed to the importance of nonverbal communication with the client:

> *Language is a side-dish because you have a full understanding of the process and you can be receptive on the nonverbal level, if you are on the right track, but there is a struggle with the language. The person is stranded in terms of speaking; it's difficult and it delays things…. I think what is happening on the nonverbal level, is really number one.*

Like the other themes, the participants gave diverse responses to the same question. For Arash and Dyta, as in the verbal communication, it seems to be easier to observe nonverbal cues in their mother-tongue clients rather than English-speaking ones. Berta and Alice reported using nonverbal elements of the therapy to compensate for their language deficiency. Rita said that she focuses on nonverbal communications in her English-speaking clients to see if they show any sign of discomfort regarding her language.

4.3.3.2 Shift of attention

Seven participants reported a shift of attention from their clients to themselves because of their struggle with language. Participants described asking their clients to translate and clarify things. They reported an imminent and pressing need for reassurance of their language proficiency from their clients to be able to feel confident, even if they had to ask the same question several times. Most of time the participants did not experience major negative attitudes from their clients, but they still found it difficult to feel calm and confident about their language proficiency and described constantly needing to check with their clients. Refer to the discussion on the role of anxiety and professional identity in Chapter 5.

Table 4.13: Extracts from interviews: Shift of attention.

Dyta discussed an excessive need for getting confirmation from the client about her language: *I have a sort of obsession; I'm inviting my clients to say very openly if they've been feeling uncomfortable about something. Sometimes I ask them straight away and I say: Was everything okay with them? Because sometimes they don't want to say. They don't want to hurt you. They are quite protective.*
Rita discussed a shift of the therapist's focus from the client to the therapist's anxieties and difficulties and consequently missing the client:

I think always there is something you are missing when as a therapist you have your own anxieties and your own difficulties in your mind instead of just being there for the client…. I guess being anxious and self-conscious about myself I might have been not so keen to ask questions when I didn't understand something…. When as a therapist, you have your own anxieties and your own difficulties in your mind, instead of just being there for the client. I guess in the beginning being anxious and self-conscious about myself I might have been not so keen to ask questions.

She was also concerned that she might have taken up therapeutic space needed by her clients: *'It also occupied some space that is supposed to be dedicated to the client and not me, because some of the anxieties occupied some part of my mind instead of being there for the client'.*

Alice mentioned too much focus to the language spoken by the client: '*I was anxious about accent; I was worried of not understanding. I was even more focused. It was really tiring; the session was draining because I was putting too much energy to focus'.*

She mentioned more resonance with the mother-tongue client's issues than the English-speaking clients:

French-speaking person, it was a different thing; her words really touched me deeply. It was touching me in the bones, much more deeply than in English…. I'm more touched [in French language]. *I saw this client and she told me this really sad story and I had to hold myself not to cry and as she left I burst into crying, but same story in English could not touch me like that.*

Berta mentioned the change of her focus from the client's problems to her language-related concerns and preoccupations with understanding the English language.

I wasn't focussing on them rather focussing on what I was actually asking them, so the focus was shifted from them to myself.... I'm pretty sure I haven't heard everything I should and probably I focus on my own part instead of what they wanted and needed attention.... Not feeling confident about my language was blocking me from doing a good job.
Dante elaborated his preoccupation with his struggle with language leading to missing the content of the client's speech*:* '*So, you are listening 20 minutes of this patient and you really struggle to focus on the content because so much of your mental availability capacity are involved in speaking English*'.

Merry was the only participant who had received an official complaint due to her language when she was working with children. The parents of one of the children made an official complaint about her lack of proficiency in English. She attributed the problems she had to racism from native English-speaking clients and the negative attitudes of Britons towards the country she came from (Romania was joining the EU at that time, and there were lots of heated discussions about them migrating to the UK). '*I felt they were a bit racist'.*

> *I don't think the language is the main problem, I think the attitude towards immigrant probably be my struggle working with English people. I am from Romania. Romanians and Bulgarians are number one enemy now. We are going to take British jobs. I'm worried about the label people will give me before get to know me* (see also racism).

Laleh described an instance in which, after she had made a big mistake and had asked the client for confirmation, her client started to reassure her:

> *I was wrong. She understood me, but she didn't correct me. After the session, I just realised. The next week, when she came I said, 'Did you notice I made a mistake?'. She*

said, 'Did you?' I said 'Yes'. She said, 'Oh yeah, so what?' It was like she was a kind of normalising that. I think that sense of not being confident enough is there.

She reported feeling that need for approval from non-native English-speaking clients as well:

Funnily enough, I have some clients who are not English speakers necessarily. I've been told by them: 'your English is so good, you're so good at English; if you didn't tell me that you're not born here I would think you're the second generation of immigrants'. It boosts the confidence, but it doesn't sink.... He said complimenting. I can't remember his words exactly, but he was complimenting the way I speak.

She also mentioned having a sense of competition with one of her clients who was very articulate in English and that it had invoked anxiety in her:

It was actually a nice piece of work with her, but at the same time there was a sense of competition in me as well [about] *being up to the level of her skills in terms of her language. She didn't judge me, but the anxiety was there.*

She remembered being so caught up in her own concerns about language that she forgot what the client was saying. '*I was so anxious of missing the client; I don't know what the client was saying. I was so caught up'.*

Arash spoke of his doubts about being accepted by clients and his tendency to check this out with them, sometimes even insisting on getting a response, yet not being satisfied with the response.

He is a therapist? He can't be! He doesn't know what he's doing. This sort of feelings. I try to explore it, sometimes with the client. I ask them to clarify…Well, they were nice. I was asking to explain more but sometimes I felt they want to be nice because people are nice to foreigners. Sometimes I would say: 'I feel like you've been nice to me. Are

there concerns really inside you?'... Keep going, don't be afraid to share your feelings with your clients, that's the best thing to do.

Arash was the only participant who, from the beginning of his work in the UK, had tried to avoid seeing native English-speaking clients. Having been here for more than a decade, finally, few months before the interview, he decided to limit his counselling work to Persian-speaking clients only.

He believed that doing psychotherapy in a second language requires a very high level of proficiency. He was pessimistic about performing therapy in English as a second language as, in his view, as a second language speaker, one can never achieve a high command of English. He did not have these concerns with non-native English-speaking clients.

When you go shopping that's fine, but within the therapy room I believe it has some impact on your work even if you speak well. I believe you are not fluent. The first thing is your accent.... They have many care professionals [in the NHS] *who are not English, but counselling and psychotherapy is different from dentistry.*

4.3.3.3 Delay in the pace of therapy

Five participants reported having experienced a delay in understanding clients' problems and providing help in English, compared to their mother-tongue clients. A few of the research participants reported a delay in the non-native English-speaking client group, too. The research participants who reported this believed this delay to be related to misunderstanding the client's speech, missing words and nonverbal cues, and culturally sensitive issues.

Table 4.14: Extracts from interviews: Delay in the pace of therapy.

Arash elaborated on his doubt about his ability to articulate ideas. The situation was worse with intellectual clients who possessed more sophisticated language capabilities: *'I wasn't*

quite sure I was able to communicate and when you're dealing with a more intelligent and articulate person, it's more difficult'.

'If you don't understand what they are talking about, what's the point of therapy?' When he compared conducting therapy in his mother tongue (Persian), he immediately concluded that he never had any language-associated delay in Persian:

> *I don't want to search my brain for appropriate word [in Persian]; it comes to your tongue automatically. When you want to say something in English and it's not your mother tongue, you got to think specifically. In the therapy room, you have to be very careful about the words you use, and it has some effects on the therapeutic work…The barrier that impacts your therapeutic work actually.*

Laleh talked about missing clients' emotions because of misunderstanding words: *'I have never heard the word "stoned" I didn't know what he meant by "I'm stoned"'.*

However, she believed that missing something of what the client is expressing is somewhat inevitable*:*

> *I do believe it's inevitable. I'm quite pessimistic; no matter how much you know the language it's not your native one.... Does it really affect my relationship with them [clients]? I really don't want that. Maybe that's why I'm so oops!... I've been anxious, I've been terrified, and it does affect therapeutic relationship when you are anxious as a therapist.... I was so anxious of missing the clients; I was caught up with that feeling that I might have already missed a few words.*

Berta described her mind becoming blocked when dealing with native English-speaking clients: *'Language was blocking me from doing a good job.... I know at the time I was blocked by the level of the language they were using and the accent I couldn't follow'.*

Dante believed that he feels anxious only if the language-related problems cause a communication breakdown, but he is more optimistic about it and believed that, most of the time, the flow of conversation is natural, despite some difficulties with language. *'If the participant perceives, the flow is natural, and I don't feel very anxious. If language is something that causes a breakdown in the communication I would say I feel a bit anxious'.*

When considering doing therapy in his mother tongue, Dante reported finding equivalents for scientific terms, such as CBT terminologies, a bit challenging and said that this could make him anxious. By comparison, he considered doing therapy in Italian (his mother tongue) natural and smooth. '*I felt very natural. You felt you possess the terminology, everything was smooth'.*

Although Merry was the only participant who had received an official complaint regarding her language proficiency, for her, language was not the big issue. She believed that the therapeutic relationship is important and that there is no difference when conducting therapy in difficult languages. For her, language and the relationship with the client are two different things. *'I don't think that the language is the main* [issue]*.... It's like with the any other client sometimes I'm not really realising what language I am talking…. If they* [clients] *are psychologically minded, we can work together'.*

Dyta emphasised that what happens with the language can cause delay but not misunderstanding. She was confident that, at the end of the day, she would realise what the client meant to say but with some delay compared to clients speaking her mother tongue or those whose English is not up to native speakers' standards. '*It's only a matter of time and adjustment. It's not like it never happens. Let's say it's just sort of a delay*'.

Dyta believed that delay in therapy is not happening exclusively with the native English-speaking clients because of the language shortcomings of the therapist. This can also happen

with the clients who use English as a second language but have a poor English and cannot communicate well.

> *If there is a struggle with the language, the person is stranded in terms of speaking, it's difficult and again, it delays things. They* [therapy] *happen but they happen with delay because by the time there is an element of getting used to something. It's like you adjusting basically.*

She went even further, saying that the delay caused by the language struggle was not necessarily a bad phenomenon. She believed that therapists' struggles with language can help them to open other channels of communications and boost their relationships with their clients. '*I'm not saying that delay is a wrong thing because delays often help. It allows people to build trust. This delay makes it safer for the clients, slower for them, much more comfortable for them to express something'.* Yet, she does not ignore the fact that the delay is also a frustrating experience for her. '*So, delay is frustrating, a frustrating experience for me'.*

Rita's experience was similar to Berta's in terms of the delay when working with non-native English speakers. She pointed to two sides of this phenomenon. On one hand, she felt that she has something in common with them (struggling with language). On the other hand, she believed that this can cause delays and even misunderstandings.

> *Two different sides, on one hand it made the understanding of each other a little bit more difficult. They as well might have a difficulty to find the words. The accent might also be a little difficult. On the other hand, it felt we had something in common, so this made me feel a bit more relaxed.*

4.3.3.4 Avoiding clarification

Six participants reported avoiding clarifications about language at various stages of therapy with their English-speaking clients. One participant, Arash, had stopped seeing English-

speaking clients because he strongly believed that counselling in English requires a very high, unachievable level of mastery of language. He decided not to do therapy in English because he believed it might hurt the client's and the therapist's self-esteem. He now works only with Persian-speaking clients (his mother tongue; see also personal reflections on interviewing Arash in Chapter 3 and see Chapter 5 and the reflections in Chapter 4).

Table 4.15: Extracts from interview: Avoiding clarification.

Rita discussed pretending to understand instead of asking for clarification when she was unable to follow what her native English-speaking clients were saying: '*Being self-conscious about myself, I might have been not so keen to ask questions like "what you mean" when I didn't understand something. This is bad, and I might have pretended that I understand something when I didn't'*.
Dyta referred to her reaction to unfamiliar idioms used by her clients: '*The thing was that I felt I still don't know. I've never come back to that. I never talk to this client about this'*.
Berta explained about her avoidance due to what she defined as being scared. '*I was scared to ask what they meant by what they said, and I was trying to go round'*. However, she asserted that her experience was significantly different when the client was a non-native English speaker: *And even if you make a mistake* [with language with non-native English clients] *you're not scared to rephrase it because they are as fluent as you are. You are not being judged, where in the other case* [the native English-speaking client], *I'm afraid, I'm scared of judgement*.
Laleh said that asking for clarification made her anxious. She also mentioned that, rather than referring to her problem with language, she used to ask for clarification about unknown words in an indirect way, as if she was eager to know more about the client's intention.

Okay, what did you say? What did you mean by that? And then I realised that it made me more anxious.... They might not even notice it as sometimes when I'm struggling with finding a word I keep asking 'what's the word?' and the client helps.

Now she does not avoid asking for clarification, even indirectly, and considers that a big change (achievement; see also self-growth). She also said that she is more comfortable asking for clarification when the therapy is going well.

It was a fantastic piece of work. He was engaging and so on. He was using lots of sophisticated big words that I might not know the meaning. I would ask. I was comfortable and that's the difference that I'm aware of.

She referred to the changes she had made in this regard:

I wasn't actually able to do that [ask the client for language clarification] *10 years ago. I would just try to comprehend the context, but if I think now that there is a word that it might be the key to understand the whole discussion I would just say 'I actually don't know this word, what does it mean?'* (See Chapter 5 for discussion)

Arash, as explained earlier, preferred to work only with Persian-speaking clients. He did not mention avoiding asking for clarification regarding language, but he did speak about what he called '*being afraid'*, which he considered a barrier in therapy: '*I was afraid sometimes to ask, but I had to; but the feeling of being scared was a barrier in the therapy session'*.

Like others, he was less concerned about asking for clarifications with non-native English-speaking clients.

When you can communicate more effectively [referring to the non-native clients] *you can ask them:* [for example] *Can you explain more? What does this mean?... I could*

> *communicate much, much better. The fear wasn't there. In terms of language that was much, much better.*

Merry had also avoided asking for clarification relating to language issues, although she believed that English is a complicated language even for native speakers. *'I noticed very quickly that a lot of English people don't understand themselves. They have to clarify what they mean'.*

'I couldn't ask as often as I wanted because I didn't feel comfortable to keep clarifying things'. While not feeling comfortable about asking for clarification, she added that she does not pretend to know the meaning of a word she does not know. '*I don't have to pretend I know when I'm not sure really*'.

Alice expressed no hesitation about asking for clarification. She placed emphasis on being clear about her intention when asking the client any question.

> *When I ask them to clarify, I often explain why I ask. I want them to understand where I am coming from.... I just ask the client to explain to me.... Sometimes* [the client] *comes up with a word and I feel it's important for some reason and I will ask; I still ask.*

She believed that being a non-native English-speaking counsellor has helped her to get away with questioning clients and that this has a facilitating rather than an inhibiting effect.

> *I get away with things, so if I ask, 'What does this word mean?' I get away with that. I can ask anything. I can come across quite harsh because of going straight to the point but I get away with that because they say, oh, she's French.*

4.4 Judgement, Equality, Adjustment over Time

Professional identity is a complex idea. Identity is defined as bits and pieces of personality that continue over time and are subject to change (Deurzen & Kenward, 2011, p. 98). Our body,

behaviour, and attitudes all constitute part of our identity. It is not static and is hard to retain intact in the face of powerful transformations (ibid.).

The professional identity of a psychologist/counsellor is the way that he/she sees himself/herself as a professional. It is multi-dimensional in nature, comprising factors such as expertise, the ability to communicate effectively with the client, and the way the clients see the therapist. To facilitate the presentation of data, the researcher has used all the themes referring to the way the research participants perceive themselves as therapists under one group of themes. Under this heading, the findings pertinent to professional identity are presented. For a detailed discussion and comparison with previous studies, refer to Chapter 5.

4.4.1 Transitory nature of the phenomenon

Seven out of eight participants referred to the transitory nature of their experience; in fact, the researcher did not encounter anyone who still felt deeply stuck because of language, although some did refer to still feeling some remainder of their problems and fears. One participant, Arash had stopped working in English.

Participants spoke of a sense of triumph after having suffered a lot and were very happy that they could do therapy, which requires a very sophisticated level of language proficiency, in a second language. '*Now it's different. I feel I don't have a problem with. I can express myself, so I feel confident that I can do a job as good as everyone else*' (Merry). For Merry, mastery over language was a must.

Berta pointed to her temporary problems with language, but she believed these changed with time and with language proficiency. What is very interesting in Berta's quote is the fact that she seemed to relate feeling stronger as a therapist to feeling stronger in language. '*I think my experience was changing with the proficiency of my language. The stronger I felt about the language, the stronger I felt as a therapist and I felt like I can do my job better'.*

For Alice, the change was not a linear result of mastery over language but achieving the insight that, in conducting a good counselling session, she did not need to understand every single word uttered by the client. In the past, she was focussing on the meaning of all the unknown or less familiar words used by her clients, and this could distract her from focussing on the content of the client's speech. She reported struggling with language every now and then but feeling comfortable with having a foreign accent and spoke of using other means of communication, such as body language and building a reliable relationship with her clients, as a way of overcoming language limitations. *'I just need to relax, be with them, be present, be open to all the information not just words. I realised I could understand them and so quite quickly I wasn't anxious about that'.*

Like Alice, Rita was able to get over language-related issues when she realised that, although language plays a big role, it is not all.

> *Speech and language is something quite important; I was very worried. Slowly being more comfortable about myself I started feeling that for sure it played a role but it's not that tremendous role as I believed in the beginning.... Later, gradually, I tended to feel less anxious, less shy, less self-conscious about it…. I can't say I'm not anxious at all, but it's a level of anxiety that doesn't play a role in my professional life.*

Laleh stated that she is aware of how she has changed. While she noticed that problems with language remain in her when she compared herself to how she felt ten years ago, she could easily trace the change. '*I'm aware of it comparing myself to ten years ago.... Anxiety is not as much as it used to be, but I can't deny it's there*'.

Arash was the only one who was still afraid to work in English. During the interview, he spoke very clearly and slowly, as if he was thinking about every single word he was uttering. He appeared to me to be speaking with fewer grammar and word usage confusions than other

participants. He had stopped seeing English clients recently and was working in a mother-tongue service with clients who spoke only Persian (Farsi).

Arash not only stopped working in English but also was against using English as a second language in therapy, as he believed that counselling/therapy demands a very high level of proficiency with language that foreign therapists normally lack. Having said that, he believed that if I were to ask him the same questions in ten years' time, he might give me a totally different set of answers.

> *I mean if you come here in ten years' time and ask me the same questions, I might give you a different answer. Still when I talk about my past I give you the same answer but in ten years' time maybe my feeling or experience would be different because my English might be better. I might know about the culture, about people even now after 15 years living here I still don't feel*.

For all the participants, adjustment occurred either by expanding other channels of communication, such as nonverbal cues, or by accepting their language limitations and facing them wholeheartedly.

4.4.2 Client's judgement

Six out of eight participants showed some preoccupation with the way that their client might judge them because of their language proficiency. Table 4.15 shows the extracted theme and the corroborating transcript.

Table 4.16: Extracts from interview: Fear of judgement.

Arash stated: *Erm, feeling that he or she would judge me as a therapist. What kind of therapist he is? ... The feeling I had inside as I said erm, one to be judged by client that you know*

he is, erm, a newcomer to this country and maybe he doesn't know what he's doing he can't understand me.
Merry stated: *Asking questions, may seem you don't know what you are doing. I wasn't sure how they would receive me as someone was speaking their language. I think it depends how critical I felt they were… like feel judged by that I didn't feel very comfortable maybe. who would feel comfortable if he feel evaluated?*
Rita stated: *I was thinking how are they going to feel about having a therapist that does not speak English as fluently and it's not my native language so for sure it shows that I have a different accent I have maybe I am not, so you know fluent in finding the exact words and everything. I could sense that some clients might feel that em they don't have an as competent therapist as…they would wish to come and ……(sad) …cause I was not a native speaker so I could sense that they were a bit also you are not from England and, so you don't speak English that fluently.*
Laleh stated: *I think he picks up on that, he picked up on lack of my confidence in terms of using some of the words. I start working with them this sense of being judged by your accent or whether the possibility of them assuming that where are you coming from.*
Berta stated: [Referring to non-native English-speaking clients] *You are not scared to rephrase it because they are as fluent as you are. So, you are not be judged where is in the other*

case [native English-speaking clients] *I'm afraid I'm scared of judgement. I don't like the judgement.*
Dyta stated: *'How a client is going to react to me speaking language with slightly different pronunciation'.*

4.4.3 Internal uncomfortable feelings or evidence-based reactions

Six participants explained that all their uncomfortable feelings and concerns about language were, to some extent, self-inflicted; they had had no significant negative feedback from their clients commenting on their language. It was the therapists themselves who were not comfortable in their own voices. Berta attributed the reduction in her anxiety to understanding that whatever is happening is just happening in her mind. There is no external proof that she is doing something wrong as a result of her struggles with the language. '*Obviously after a while, helped me to understand that all of those things were happening in my head and there isn't actually a proof of what I believed is true*'.

Both Arash and Dyta believed that clients are reluctant to voice their discomfort about their therapists' language, so they found it difficult to accept positive feedback even when their clients were insisting that there had been nothing wrong with their language skills.

Dyta stated: *'I ask them straight away and I say: was everything okay? They don't want to hurt you, that sort of things. They are quite protective. I think it was much more my sort of self-criticism than reality*'.

Arash stated:

> *I ask them to clarify. Well, they were nice, and they say no that's absolutely fine. Well, they want to be nice they don't want to be harsh on me because people are nice to foreigners. Sometimes I would say I feel like you've been nice to me. Any kind of feeling,*

> *fear or something you don't want to share? One of them once said yes actually. Actually, sometimes I feel we can't communicate the way I would like to but the other times, I thought they are just being nice. That's the feeling I had inside myself.*

Arash only ever received that one negative comment from one particular English-speaking client but despite that, he remained unconvinced that clients are comfortable with his use of language and, as mentioned previously, he has ultimately chosen to work solely in his mother tongue.

Merry was the only participant who reported receiving a complaint regarding her language capability. Interestingly, she was confident that there was no problem with her language and questioned the researcher's intention in doing this research. Having said that, she did admit that working in a second language is harder for her and appeared to me very tense and uncomfortable in the interview (see also research reflective comments on her interview in Chapter 3). *'That particular client complained in that complaint letter was something about not being impressed with my English, so they couldn't find too many things to complain about, but that was one of them*'.

Rita had doubts about whether her concerns were sometimes a reaction to the client's attitude and felt strongly that they were mostly her own assumptions rather than evidence-based conclusions. In other words, she was reading more into the situation than what was intended.

> *It was also reaction to the way clients might have reacted, but I think mainly in my head, my assumption that I might be judged differently.... I have experienced with my clients that this is not a huge issue, that it was in my own mind.*

Laleh seemed to feel similarly and wondered if the sense of being judged was bigger than it is in reality.

It's much less or maybe it's just my kind of way of thinking that I might be judged or being kind of measured by native-speaking clients. It might not be the case. I don't think they notice that. If it's important, it's important for me.... I don't have any evidence that the client is judging me, but it was just popped into my mind because what else could be the root of my anxiety.

4.4.4 Not on the same level

Five participants described feeling unequal and lesser than their native English-speaking clients, something that they did not experience with clients who were using English as a second language or with clients who spoke the therapists' native languages.

Table 4.17: Extracts from interview: Not on the same level.

Although Rita did not use the word *equality*, she referred to working with non-native clients as feeling that she has something in common with them – her struggle with the language – and that made her feel relaxed even when she found it hard to understand those clients: *They might have a difficulty to find the words. They were more difficult to understand. The accent might also be a little difficult; on the other hand, I felt that we had something in common, so this made me feel a bit more relaxed…. There was a common understanding between us.*
Merry's feelings of discomfort had more to do with a sense of being judged for her nationality rather than her English. She made mention of racism and negative attitudes towards Romanians in Europe: *If I felt, they were a bit racist like feel judged by that I don't feel very comfortable.... I don't think language is the main problem. I think the attitude towards immigrants*

would be my continuing struggle working with English people. I'm from Romania. That is huge debates now (see racism in this chapter and Chapter 5).
Like Laleh and Rita, Berta also expressed a sense of being equal to the non-native English clients and feeling comfortable because of that*:* '*It's easier because probably it is something to do with the fact that you feel on the same level and even if you make a mistake you're not scared to rephrase it'.* When referring to working in her mother tongue, she mentioned this again: '*Obviously this ease that you are on the same level with the person because you speak the same language*'.
Talking about the English native-speaking clients, Arash said: '*Looking at me from top to bottom.... Sometimes I felt I'm a bit lower than the client because that's their language.... The client a kind of superior in that sense. I felt small sometimes*'. When talking about his experience with non-native English-speaking clients, he felt more equal*:* '*Firstly, you see them as kind of like yourself. You are both not from this country. They are people like yourself. In terms of using English you feel you are more or less the same*'. Then, he added that as a result of feeling equal, he did not express any concern about making language-related mistakes: *'You know I wasn't afraid, even if I was speaking a bit wrongly; if my grammar wasn't correct, if my accent wasn't correct, I wouldn't be afraid because the client was more or less the same*'.

Despite demonstrating a strong foreign accent, Alice, from France, did not have concerns about equality. Alice referred to her accent and language mistakes as a positive phenomenon; she speculated that there must be a more accepting attitude towards French people. She then added that if she had been from some other country, like Poland, the picture could have been different.

I wasn't so worried about how they perceived me as a French therapist and it's never been that present in the session. They don't make me feel judged or weird because I'm French, but I also think it would be different if I was Spanish because I think maybe being French is ok than maybe being Spanish or being Polish in terms of the people that are more or less accepted in England. I think there is some kind of hierarchy in a way. I don't believe in that, but I think it's reality. I think it's better to be French than Polish. Some cultures may not be as well accepted. It's okay to be French here.

Laleh and Arash were from Iran, and Merry was from Romania. For further discussion please refer to Chapter 5.

4.4.5 I am not myself

Four participants reported having different professional self-concepts when working in English and in their mother tongue.

Table 4.18: Extracts from interview: I am not myself.

Arash spoke of not being able to show his knowledge and expertise in a second language and feeling inadequate as a result. He talked about a feeling of not being himself when working in English, something that does not exist while working in his mother tongue:

> *Sometimes I felt I'm not myself. When you speak in a different language, you don't feel confident enough. It's not full of me. You can't as a therapist, say what you want to say. Sometimes you feel am I able to reflect correctly?*

It is his belief that this feeling of inability is the cumulative effects of the language barrier and immigration issues. '*You are in a situation that you have lost your identity as a person and as a therapist. You don't belong to this country, unless you have lived here for 40 years*'.

This sense of difference and being unequal only exists when working with native English-speaking clients. With those who speak English as a second language, he feels less tense and less inadequate, and with Persian-speaking clients, he feels completely himself and adequate*:*

> *I saw clients who speak English, but they are not English really, so the feeling was much better. I was more relaxed, and I was more myself.... I felt much better and I could use my knowledge and expertise more effectively.*

In his mother tongue, he feels even more confident: '*As a therapist, I feel confident. I can use my knowledge and my expertise in a way I want to. I can use the words I need to*'.

Referring to her feelings about herself when working with English native-speaking clients), Rita stated:

> *I am a bit trapped that I cannot express myself as well as I want to. I felt like in prison…. I'm lacking something that I should have. I'm not good enough so that played a role in how I perceived myself.*

Berta talked about a vicious circle of the effect of the language barrier on her self-confidence and vice versa:

> E*very single problem I have experienced with my language is about the confidence. The difficulty was greater when my confidence was lower, and my confidence was lower because my language ability was smaller, so they are all very closely related.... I want the best and it's never going to be the best. Your self-esteem goes down and very often the quality of the service…. I was blocked inside because there is not ability to be who I want to be. Not to be able to provide in English as much as I could in Polish.*

Laleh reported a sense of being not good enough when she faces language difficulties, something she does not experience in her mother tongue. Although she described feeling very comfortable in her mother tongue, as she was trained as a counsellor in the UK, she sometimes finds it difficult to translate English psychological terminologies into Persian. She also reported feeling more empathic towards clients who use English as a second language. *'I know how does it feel for the client speaking English and I might feel the same. I think less challenging*'.

She said she was happy when her non-native clients commented positively on her command of English, and she wondered about the discrepancy between their perception of her and her self-perception. '*They think that I'm fluent* [laughing] *funny! Isn't it? It's just amazing what kind of impression you give to clients*'.

In line with what Arash said, Rita talked about an inability to present herself as she would want.

Merry talked about putting more effort and energy into proving herself in the second language, although, as previously mentioned, she does not believe that language is the main issue. *'I wanted maybe to go over, to do more than I normally do to prove myself*'.

4.4.6 Adjustment happens

4.4.6.1 This is how it is

Despite all the deep emotional experiences and difficulties that these participants reported, seven out of the eight had a feeling that their problems have been resolved significantly and that they are now capable of providing effective professional work in English. Five mentioned of their acceptance of their language proficiency.

The exception was Arash who was against working as a therapist in English as a second language, and, as previously mentioned, he has limited his target client group to Persian/Farsi-speaking clients only. The other participants were working mostly with English-speaking clients (both native and those who speak English as a second language).

They reported that, after their initial struggle with the new language, they have finally come to terms with accepting their limitations. They used similar words that could possibly mean a kind of acceptance of their limitations.

Table 4.19: Extracts from interview: This is how it is.

Dyta stated: '*By the time there is an element of getting used to it, to certain extent it's like you adjusting basically. This is how it is, it is not going to get any better'.*
Berta stated: '*The language was a major issue and it will be, I think forever because it's not my language… I'm longing for a standard that is not achievable*'.
For Merry, it felt natural to ask her clients for clarification, and she believed that this is also the case for native English-speaking colleagues. She said that she asks her clients if she does not understand something they say. She believed that her clients might have a bit of struggle with her accent, yet, but she is ok if they ask her to repeat what she had already said. *I don't have to pretend I know when I'm not sure.... People still struggle with my accent. I won't be offended if anyone would ask me to repeat and I feel comfortable to ask people to repeat if I don't understand.*
When referring to her work in English with the native English-speaking clients, Laleh asserted the following: *I can do it, yeah, there is a butterfly in my tummy, but that's okay. I can do it!... My awareness has helped me quite a lot. I'm always quite aware of reflecting; while I'm talking to a client I feel some sort of anxiety and I try to be aware of that and thinking oh, where does it come from? It is to do with language? Is it to do with this uncomfortableness about the language?*

Laleh discussed a kind of self-awareness about her language-related issues and what she called '*anxiety*'. She believed that this awareness about the source of her uncomfortable feelings (being able to address and reflect on them) has helped her a lot. She said that she still experiences some uncomfortable feelings, but she can work as a therapist despite that.
Rita discussed not being happy with the language-related limitations. When talking about her work in English, Rita stated: *I feel that I am a bit trapped that I cannot express myself as well as I want to, and this make me feel that I am a bit, you know, em I have this limitation and I didn't like this limitation I felt like in prison – and I know that it's a very huge word to say but that was how I felt at the moment and I remember that.*

4.4.6.2 Be open to all information, not just words

Except for Arash (who was strongly against performing therapy in English as a second language), Laleh (who did not speak about the nonverbal communications) and Merry (who believed that language is not a main issue in therapy), the other participants highlighted the importance of making use of other modes of communication to compensate for language limitations. Yet, they all articulated the importance of that differently. Arash was far more comfortable in his mother tongue. He also claimed that he grasps the nonverbal cues in his mother tongue (Persian) faster and more accurately than in English.

> *I feel more confident to analyse, understand of body language of Persian clients because I was raised in that country. They do something very minor, I can understand. I can do with the English clients, but I have much better sense of the body language* [in Persian].

Laleh stated that she checks indirectly with her clients regarding whether they have understood one another correctly. She described doing that naturally to verify things with her clients as part of a reflection on therapy. Some of her clients do notice that she is checking language, but this way of working has gradually changed to be more open with clients.

Merry, for whom language was not the main issue, believed that if the client is ready to reflect on his/her problems (i.e., is psychologically minded), good therapy can happen in any language. Dyta emphasised the importance of a trustworthy therapeutic relationship. Like other participants, Dyta also referred to expanding other channels of communication to form a better relationship with the client. Berta also talked about the necessity of building a good therapeutic relationship as a prerequisite to asking clarifying questions about language.

When the inclusion/exclusion criteria of this research were devised, they were meant to include all the therapeutic orientations of psychotherapy (see Chapter 3). Dante was a CBT therapist, and he believed that the existence of standard therapy booklets that can be offered to clients during therapy can open another channel of communication and help to overcome issues of language. As he had a challenging time finding the equivalent of CBT terms in his mother tongue, handouts also helped the mother tongue clients.

'*Because they were educated, they could read in English. So, all the hand-outs and materials, formulations, all of that. There was no problem*'.

At the end of the day, modality could be important in experiencing the language-related problems for the bilingual therapists (refer to Chapter 5: Discussion and Chapter 6: Limitations of the Research).

Table 4.20: Extracts from interviews: Be open to all information, not just words.

Alice spoke about being open to everything that is happening in the room including the nonverbal communications. *'I just need to be with them, to be present, to be open to all the information, not just the words. The words, the presence, the gestures, the energy in the room, the way they say something*'.
Rita stated that she uses the nonverbal elements to check the signs of discomfort in the client. '*I* [am] *always aware that I might to discuss* [language] *with the client in case I see that there is some discomfort'.*
Merry said: *'I see people from other nationalities every day at work. If they are able to express themselves, if they are psychologically minded, we can work together.... I think the relationship is more important than the technique you use'.*
Dyta spoke more than other participants of the importance of a trusting relationship between the client and therapist (for a detailed discussion refer to Section 5.5.4: Taking therapy or being with the client): *If they manage to build a trusting psychotherapeutic relationship with you as a client and if I as a therapist can build a trusting relationship with my client, it doesn't matter what language they speak…. The language is not a problem as long as you are able to establish a trusting relationship.... You can basically expand other channels of communication. You can do whatever you need to do.... To notice what is happening on the nonverbal level; I think this is really number one.... There is a spoken language, there is a visual presentation of the person; they are different things that you notice.*

Berta stated that she tries to build a good relationship with her clients before asking them questions, and this relationship is more important for her than words:

> *I try to build a very good relationship with person, so I feel confident to ask them any questions.... Sometimes you've got this relationship to start with as it is about more than language, more than words. That can be very powerful.*

4.4.7 Self-growth experience

Seven participants reported an experience of self-growth when they finally found their way of being a therapist/counsellor using English as a second language. Despite having passed through some uncomfortable feelings and a period of adjustment, they were happy and proud to be able to perform therapy in English. For some, the benefits went even further because they found therapy/counselling in their mother tongue also evolved positively as a result of their experience with the second language.

Dante talked about his greater ability to understand immigrants' issues. He even claimed that he understands the spoken English of clients with foreign accents better than his native colleagues. '*For a native speaker, if someone has a strong Spanish accent, they might find it quite difficult. For me, it's not the case obviously*'. He mentioned code switching as a means to better understand the client (Dante was a multilingual therapist). '*She was stuck. She couldn't describe herself well and I said tell me in Portuguese. There is that advantage not there with an English person*'. He finally referred to something he called being pleased with the entire process of doing therapy in second language. *'It's something I am very pleased, and I would not want if I had the opportunity just to be in one country my own country*'.

Arash talked about this self-growth being a result of his struggle with language, although, as mentioned, he finally chose to work only in his mother tongue. Laleh referred to an awareness

of her limitations around language that ultimately led to her finding the courage to face it openly. She also thinks that her culture is richer now, and her client base is also potentially bigger because of being able to work in two languages. '*It's my advantage to know two languages because your client group can be much more bigger and also in terms of cultural knowledge. You are much more richer than somebody who doesn't know any other language'.*

For Rita, the benefits of coping in the second language extend further because, after working in English for a couple of years and going back to her homeland (Greece), she found herself to be more phenomenological, less 'the expert' and more eager to explore the client. Instead of taking things for granted, she makes fewer assumptions about her clients and now allocates more time to exploring the subjective meanings of concepts with them. She has also found herself feeling more empathic towards her clients' problems with language and adaptation.

Alice talked about having two images of herself: one in France and one after emigrating to the UK. She added that she prefers the latter and despises what she calls 'the old self'. Like Rita, Alice has extended what she has learnt from working in English to her work in French (her mother tongue) and, like Rita, she has learnt to make fewer assumptions about her French clients.

Referring to the benefits of being a bilingual therapist, she talked about being able to bring an added dimension to the therapy room because of the differences between French and English. She believed that the English language has more action words and that French has more emotions, so knowing both has helped her to be able to think alternatively. '*English language is a lot more action words. French is more emotions. Maybe in my way of talking in a different way, it's helpful.... That's a different way of thinking,* [a] *different frame of reference; I bring that in the room'.* She reported being very proud of being able to provide therapy in English.

Like Alice, Merry also believed that her bilingualism brings more dimensions to the therapy. '*More languages you know. It's like having more head, more brain so it gives you more dimension, more meaning, better understanding*'.

Berta believed that contending with difficulties, including language-related issues, has been a source of self-growth for her. For Dyta, the self-growth was achieving awareness, which, for her, also meant distinguishing her own issues from those of her clients.

Table 4.21: Extracts from interviews: Self-growth.

Dante stated: *I'm very pleased and I would not want, if I had the opportunity, just to be in my own country. The fact of moving to another county, there is a lot of things that were difficult initially specifically, but it gives you so much in terms of the way you look at things and how many things you can understand in terms of culture and the language as well.... Unless someone is struggling emotionally and also with language, bilingualism is something that gives you general more flexibility.*
Arash stated: '*You think about your weaknesses as a person. A kind of learning process for yourself. It would push you to think about yourself*'.
Laleh stated: *I think my self-awareness has helped me quite a lot to remind myself that's okay, don't panic, just listen and if you don't understand you will ask.... I feel I'm confident to ask. That's a change of me.... When you say and reflect, its* [a] *reminder of the changes you've gone through* [laughing].

Rita stated: *I'm more aware of the difficulties some clients experience coming to the UK, having to adjust to new culture, having to learn English.... When I had the experience here and talking in another language and then went back to Greece after three years, I realised there is something very different in the way I experience therapy. Something I was gaining when I was not speaking in my first language. I was taking more time to understand the client. I was much slower in my responses and that allowed me to be more phenomenological and trying not taking anything for granted. I make sure that I understand the client.*
Alice stated: *I push myself a lot more to explore, because I know I have assumptions much more.... The English culture, because I don't know that deeply, I have to ask, 'what do you mean?' and it pushes me to work more phenomenologically. It's great.... Personally, I am very proud to be able to work in English. Wow, how can I do that!... Not only I speak English, I do therapy in English. I feel good about it.... To be able to have that connection in English, that's what I'm personally proud of.*
Berta stated: '*How did I grow? Pushing back all the challenges and facing them. It's very interesting.... I know with hard work you can compensate and overcome* [language problems]'.
Dyta stated: '*I became much more aware of what is mine and what could be of the other person. In the past, this was a non-existent reality*'.

4.5 Support They Received

So far, these findings have shown that all the research participants had experienced a phase of tension and uncomfortable feelings before finally finding their way. (In one case, it was ceasing to provide therapy in a second language). The researcher was interested to know whether they had benefited from any form of support during this Odyssey-like journey. All reported not having received any kind of special treatment, but they all also emphasised the necessity of receiving some kind of recognition of their problems. This section is a review of all the themes referring to the support the participants received or anticipated to receive.

4.5.1 Supervision

Five participants identified supervision as their prime opportunity for addressing their language-related issues. In a similar way to other themes, there was a variety of opinions voiced relating to the necessity and practicality of supervision. Dyta was happy having an English-speaking supervisor and considered taking recordings of sessions to her supervisor to clarify things from her client's speech that she might have misheard or misunderstood. She nevertheless thinks that, because her supervisor could not observe the nonverbal language, she did not gain a complete picture. '*I should say, I had an English-speaking supervisor. I played (the recorded session) to my supervisor and she could hear certain things and she can have her own observation, except for the nonverbal things that she can't basically see*'.

Alice doubted whether supervision was the proper place to discuss difficulties pertinent to language. She never relied on anyone except herself when dealing with language-related issues. She emphasised that language is only one dimension in therapy and that the relationship was more important. She addressed issues of language only if the client appeared to be struggling and believed she was never judged for having a French accent. If she does not know a word or phrase, she asks the client directly. '*Hopefully people's problems, they can take it to*

supervision, then I don't know the supervisors if they would be able to help them? In supervision? Supervision is a good place to bring in this kind of issues'.

Rita described using supervision to check her preconceptions and assumptions about language. She added that she used supervision when she was in training, then in her placement, and later in her private practice. '*In my supervision at the placement I worked, where we talked specifically about my own assumptions and my own preoccupations about what language means…. I have to go immediately to my supervisor when I face these kinds of anxieties*' (referring to working in English). She believed in the necessity of increased awareness by supervisors of the language-related issues of their supervisees.

Supervision for Laleh was also a place to address her uncomfortable feelings. Her experience was of gaining self-confidence and reassurance from her supervisor that everything would be okay and that her English was actually good enough. Like Rita, she believed that supervisors needed to increase their awareness of their supervisees' language-related issues.

> *I terrified so I get quite a lot of support from my supervisor. She gave me confidence and said no, you should be fine; if you don't understand any words you can ask them, so on.... She said it's not the end of the world; if you don't know a word, you can simply ask.... If there is a problem and makes you feel in a certain way, you take it to supervision.... What I received was encouragement and reminder of the fact that you are good enough, that boosts my self-confidence.*

For Arash, his problems with language overlapped problems associated with immigrating. He said that he had received encouragement on both issues from his supervisor. Like Laleh, he uses supervision as a prime source of help in dealing with his problems with language and for receiving encouragement about his English. His supervisor also encouraged him to study and to improve his English.

I could share with my supervisor that I don't feel confident to see English clients.... My supervisor said: 'Don't worry about it. Just keep going. You know, you're going to be better and better'.... She was pushing me to work on my English as well.

Dante did not mention anything about getting help in dealing with his language-induced problems, but he was strongly in favour of integrating language-related topics into the formal curriculum of counselling/psychology courses.

4.5.2 Enhancing English proficiency

Four participants suggested that improving their proficiency in the English language would be the solution to their problems working in English as a second language. For Dante, his way of coping was to use techniques, for example writing down unknown words and using them in flashcards, watching movies, and listening to songs, to improve his English. He also believed that immersion in an English-speaking society for some time before starting to work as a therapist is a determinant factor in reducing language-related issues. '*If I had left Italy just last month and I just learnt Standard English, I wouldn't be able to do therapy. If you have been living in a place like 5 or 10 years, it's very different to practice'.*

He also indicated that he has learnt English through exposing himself to embarrassing situations.

I went to US. perhaps because of the accent, there were so many embarrassing situations. I was saying 'oh gosh, how could I don't understand'. I learnt a lot through that. You are screwed up big times, but you can carry on and you learn from that.

Arash also talked about the need to work on his English before being able to do his job properly. For him, this learning overlaps with learning about the culture and people in the UK. For him, therapy is all about words and speaking, and he remains in favour of doing psychotherapy in the mother tongue, even after a full mastery of the second language has been achieved.

> *He,* [referring to a client] *lived here for 35 years and came here when he was 18 or 19, so he was fluent. Still* [he] *said I can be more comfortable when I speak Farsi. I still believe it's not your mother tongue, your main language. There are areas still unknown to you*.

However, towards the end of the interview, Arash said that he might give different responses to my questions if I were to interview him again in ten years' time. Then, he might know more about language and culture than he has been able to achieve in the 15 years he has been living, studying, and working in the UK.

Like Dante and Arash, Alice also emphasised the desirability of immersion in an English-speaking society and having a lived experience between starting to study and working as a counsellor/psychotherapist in English.

> *I started working as therapist after probably five years in London. I wouldn't have been able to work as a therapist in the first few years. My English was not enough. I think you have to reach a certain level.*

Merry talked about her need to edit her written English, which was a way of improving her English at the same time. She used the Internet to help her with her unknown words or idioms. She also believed that it would take some time before she could be fully engaged in the second language and start to feel comfortable. '*It took me five years to be able to laugh at jokes, T.V. programmes'.*

4.5.3 Help from colleagues

Three participants referred to getting help from their colleagues, directly or indirectly. Indirect help came from colleagues watching their battle with language, acting as role models and helping participants to feel encouraged and that they were not alone. Merry, who described having problems with her written English, felt confident asking

colleagues to correct her client reports. '*I always ask my colleagues. I struggled with some idioms. My language is a wrong order of words....* [I] *didn't feel patronised when they were correcting my English'.*

When it came to having the courage to clarify vague or unfamiliar speech of her clients, she would approach her British colleagues: '*I don't have to pretend I know when I'm not. Observing how people interact here, my British colleagues, they had to clarify'.*

Berta referred to feeling more motivated by watching her colleagues and observing how they dealt with their language-related difficulties. She would also seek their help with words she did not know.

> *Most often, my colleagues are also foreigners for whom English is not their first language. I motivate myself.... The most useful strategy I can think about, the most effective, is having a good colleague or just a friend you can tell your problems* [to].

Rita recommended using peer groups as a way of addressing the therapist's language-related issues. Like Berta, she was eager to listen to how other people coped as a way of getting her confidence back. She was in favour of catching up with the shared experience of her peer group.

> *I brought these anxieties and I've discussed it with my supervisor and my peer group. Hearing the experience of other people from my peer group that might also have the same experience was very helpful to see that I was not alone in that. That I was not the only person that had all those anxieties. There were other people. They have been through that. They coped with that and it was okay.*

4.5.4 Review with client

Four participants talked about sharing their fears and concerns about language with their clients, either as a form of advance warning to them that there might be some problems or

during the session. This way they felt less under pressure when working with native English-speaking clients.

Table 4.22: Extracts from interviews: Review with client.

Arash stated: *My supervisor said 'Don't be afraid to share your feelings with your clients'. That's the best thing to do, yeah, that's it!... You don't hide your feelings even in the therapy room, so if you are afraid of something just get shared, even with your client.... You can sometimes [referring to sharing his concerns about his English with his clients], yeah, actually it had helped me. Really helped me.*
Laleh stated: *At the beginning of the contract I make it clear that if you don't understand me and you want to ask any questions then please interrupt me. If I can't understand what you're saying I might stop you and say, 'What do you mean by that?'*
Rita stated: *I made it clear from the beginning that I am not a native speaker and I opened it up to the client, so it was not the elephant in the room. I wanted the client to be aware that I might make some mistakes. I might not understand everything, and I might ask some questions like 'What do you mean by that?' So, by saying that I felt a little bit more comfortable in my way of being as a therapist.*
Dyta stated: '*Usually during my work with clients, whether English-speaking or Polish-speaking clients, I have a review session, a sort of structure. We stop, and we review what we have done*'.

Merry's solution was to be open with the client, to ask for repetition if she was not able to understand their language*:* '*I won't be offended if anyone would ask me to repeat and I feel comfortable to ask people to repeat*'.

4.5.5 Help of son (second generation)

One participant (Merry) said that one of the problems that she faced is the lack of shared culture experience with her English-speaking clients: things like stories that they have heard or food that they have eaten and events that she has not been a part of. She added that her son is helping her to catch up with the cultural/linguist gap.

> *All references to culture that I wasn't part of I didn't know stories they talk about as things as children they laugh at or sweets they were eating...Now with my son I'm catching up with the stories. I feel I understand better.*

4.5.6 Expectation of support

Seven of the interviewees had some expectations of receiving support in the form of a special training module or the need for more familiarity on the part of supervisors with the issues faced by bilingual supervisees. They all doubted that any kind of formal education for bilingual therapists was already available. Arash suggested that such modules should also include knowledge of the host culture: '*If they can put some modules within training that push you to go and study about different culture'.*

Dante, who trained as a CBT therapist, believed that the difficulties of therapy in a second language should be part of CBT training. '*You are doing CBT training, there should be a mention of these apparent issues because they play an important role; there was no modules. It's something that training-wise should be acknowledged'.*

Laleh was also unaware of the existence of any kind of formal support for bilingual therapists; she sought such support from supervision. She believed that support should be in the form of encouragement to bilingual therapists that they would be okay over time. She believed that the bilingual therapist will ultimately grow from the experience of working with their anxiety, but she did expect the supervisor to be more educated about the effect of different languages on the therapeutic relationship with the client. If the supervisor is bilingual or interested about different languages and open to discussion, it helps. '*She didn't know about the difference in the languages, how they can impact on the therapeutic relationship.... Need to be interested enough to different language at least be open to more discussion in the supervision*'.

Rita similarly emphasised the need for openness to the language issue and longed-for language-related issues to be addressed in formal training.

> *It's important for some lecturers to have some training, some work and some studies to be out there for people.... In the UK, most people are coming from different cultures and are mainly bilingual therapists; it's good thing to be studied and discussed and we should be open about it.*

Alice had doubts about the necessity of having formal support specifically for language-related issues. She believed that support from supervisors could cover therapists' language-related issues. *'It should be something more regular like supervision you bring your issues and you work through them in supervision'.*

Berta's only regret was to have received prior warning of the problems and complexities she might face with language before she started her job as a bilingual therapist. She believed that she could have had a different experience if she had received such warnings. '*It could make a difference knowing from the beginning that these are the problems that I might face. All these years I go through feeling down because of the language barriers'.*

Dyta recommended some special training to build up bilingual therapists' awareness of the differences and difficulties that they might face in their work with English-speaking clients.

> *It would be a very good idea for people who work as counsellors using English perhaps some sort of training basically to build their awareness how different it could be for a certain period of time and how other things could be important throughout that transitory period of time.*

Merry was the only participant who saw no need for special programmes to address bilingual therapists' language-related issues. For her, mastery over English is simply a must and not open to discussion or compromise.

> *No, I don't think it's necessary. I come here, I am expected to know English if I want a job. I have to meet the criteria. I don't think anyone has to meet my needs. Anyone hasn't a duty to care for me in a special way.*

Expectations of support expressed by the participants were diverse: prior warning, encouragement, the necessity of the supervisors' familiarity with language-induced problems of their bilingual supervisees and incorporating the cultural concerns into supervision. The question could be how to make those expectations part of a standard supervision and how to measure the changes (see Chapter 5 and 6).

4.6 Cultural Issues

As expected and explained in Chapters 1 and 3, cultural themes were raised during the interviews. For the most part, they were interwoven with issues of language.

4.6.1 Overlap of culture and language

All eight participants held the view that culture and language overlap to some degree and are hard to separate. Below are some observations made by participants. For further discussion, see Chapters 5 and 6.

Referring to colloquial language, Merry talked about the problem of not being familiar with the cultural references in English street language, a problem she did not have when working in her mother tongue. '*Most of the struggles were with words that I couldn't find in dictionaries; all the reference to culture that I wasn't part of, stories they talk about…'.*

Berta, like Merry, referred to the mutual understanding due to cultural similarity that came with her mother-tongue clients compared to her work with English-speaking clients. '*This blockage* [language blockage] *is gone. This cultural thing that you have within your culture, you don't have to even say things and you have a kind of understanding.... You've got the culture'.*

Dyta referred to one of her clients who was born in the UK, but because she had travelled extensively in different countries, presented a mix of cultures. *'Even though she was born in England, her culture was a sort of a mixed culture*'.

Alice referred again to her worries about understanding clients' speech followed immediately by her concerns about unfamiliarity with culture: *'It was my second language; the anxiety was am I going to understand but also culturally am I going to understand where they come from?'*

She also claimed that English people have a better attitude towards certain cultures, for example, French, than others like Polish. In her opinion, this played a role in her feeling comfortable when working in English as a second language in the UK. '*Maybe being French is ok than being Spanish or Polish.in terms of the people that are more or less accepted in England. I think there is a hierarchy in a way. Some cultures may not be as well accepted'.*

When talking about seeking clarification from clients, Alice said she aims to understand both the cultural and personal (subjective) meaning of the client's speech. She did not experience such worries with her French-speaking clients. '*I don't know the English culture. I don't know it that deeply. I have to ask: 'What do you mean?''.*

Rita talked about the cultural connotations/implications of words. '*I wanted to make sure that it's not some cultural differences. What I understand as 'sad' as a Greek person may be different from an English person'.*

Laleh believed that, as she knows different languages, she is culturally richer than monolingual therapists: '*I think you're more richer than somebody who doesn't know any other language; because you know a language you need to know the culture as well, the way people live, the way people see things'.*

For Dante, his problem with non-standard language was more about dealing with unknown culture. '*I may struggle with colloquial expressions; it's more about the culture. I think being a bilingual therapist is important but being a bicultural is even more important'.* He also stated: '*It's about language. It's the cultural elements. The language is an expression of culture'.*

Arash expressed the strongest view on this. He was the only participant with a non-compromising attitude towards working as a therapist in English as a second language. He believed that therapists need a level of mastery over language that is not achievable by a non-native English-speaking counsellor. He believed that culture and language are inseparable.

> *It's not only the language. It's culture as well. Even if you understand the meaning of the word you may not understand the true meaning behind it, because it's a cultural thing, so you understand the language side of it, the meaning of the sentence, but you don't really understand what they mean by that, because there are things deep inside the culture of a nation unless you live in the society for 15 or 20 years, you're not going to understand really.*

Arash's fears about culture were not limited to native English-speaking clients. He also had some concerns regarding the cultures of clients who speak English as a second language and

even with his mother-tongue clients. He believed that people can have different sub-cultures within the same language and that he might not be familiar with all of them.

Although generally against conducting therapy in a second language, a solution for Arash was immersion in the host culture, adding that his answers to my questions might be different if I were to ask him the same questions ten years later.

4.6.2 Cultural issues with mother-tongue clients

Four participants talked about boundary issues and the role that psycho-educational factors play in working with their mother-tongue clients. Arash talked about some of his female Persian-speaking clients who are not keen to open up to him because he is a man: '*You know there are things in our culture that women are not comfortable to talk about*'.

Laleh claimed that Britons and Europeans have relatively clear expectations of therapy, but Iranians and Afghans (Persian speakers) need a lot of psycho-education to be ready for therapy.

> *When you talk to somebody who is British or European, they know more about therapy – how it works, and the expectation of therapy is quite clarified. Somebody from Iran or Afghanistan in my experience, they don't have any idea how to use the session. what kind of expectations they can have*.

Berta claimed that she has a challenging time keeping her boundaries with her mother-tongue clients. She thinks this is because their issues are very close to her heart. '*Because you are so close with these people, I feel my boundaries start to collapse to certain extent. It's more painful*'. She also stated, '*You are on the same level… you speak the same language and dealing with the problems that are closer to your heart and the constant fact that you've got to get those boundaries up and keep them intact'*.

Dyta also talked about the need for educating her Polish-speaking clients on the basics of understanding therapy and the therapeutic relationship. '*The client might not pay, or they might*

not turn up for a session without letting you know. I think some of those people don't have the sort of cultural etiquette about doing certain things'.

4.6.3 Overlapping of language-related issues and being a therapist in general

The research criteria were chosen with the aim of seeking participants who had first-hand experience of language-related issues in therapy (see Chapter 3). All the participants had worked through their struggles with language to a significant degree, meaning that this research is somewhat retrospective while firmly anchored in the present. The wider context of their development as a therapist inevitably affected their experience.

Three participants discussed their inability to distinguish between their anxieties about working in English and the anxiety of being new in the field of therapy. Dyta seemed to be very aware of the effect of language and doubtful about the effects of other factors. Merry, while talking about the hard time she had asking for clarification from her English-speaking clients, referred to her inner battle to prove herself. It seems that her emotional experience about coping was not only rooted in her concerns about language but also in her ambition to be a perfect therapist. For Dante, it was clear-cut that his heavy emotions were a mixture of being a trainee and not having confidence in English.

Table 4.23: Extracts from interviews: Language and therapeutic experience.

Dyta said: '*It was much in connection with the language, but sometimes it was just my own uncertainty about what I am going to do now. You just know lack of experience basically and anxiety connected with that, I guess!'*
Merry said: *I didn't feel comfortable to keep clarifying things. It was a bit of a struggle to adjust, especially when I started a new job. I wanted to maybe go over, to do more than I*

normally do to prove myself and asking questions may seem you don't know what you are doing.

Dante said:

I guess in training you already have your anxiety due to the fact that you are in training. At the end, it is the accumulated effect of anxiety you have already, your anxiety about which any person would have despite language, regardless of language but on top of that you say oh, I'm explaining for the first time in English.

4.6.4 Hierarchy for acceptance of other languages and cultures

Most of the research participants had concern about their foreign accent and expressive language. Only one participant (Alice) seemed quite happy holding onto her original accent and pronunciation. She believed that having a French accent has not been an impeding factor, but quite contrary, it has helped her to be accepted more and to get away with language-related mistakes because '*she is French*', but she added that she might have had a different experience if she was a Polish bilingual therapist, for example. She believed that there is the kind of hierarchy in accepting the other languages and cultures in the UK and that French is well accepted.

I think maybe French being French is okay than maybe being Spanish or being Polish.... Err, ah, in term of the, the people that are more or less accepted in England I think there is some kind of hierarchy in a way.... Do you see what I mean? I don't, I don't believe in that, but I think it's the reality. I think it's better to be French then Polish maybe!... Some cultures may not be as well accepted. French culture is fine. English people love to hate us! Err, you know, it's okay to be French here.

4.6.5 Racism

One participant (Merry) believed that her problems with her native English-speaking clients had nothing to do with language limitations, but rather with their negative attitude and what she called 'racism'. She believed she still has some problems because she is a Romanian and the UK people do not welcome them. She was questioning the researcher's intention for doing this research and believed that it could potentially harm the immigrant therapists in the UK (see research reflections in Chapter 3 and further discussions in Chapter 5).

> *I felt they were if I felt they were a bit racist like feel judged by that I didn't feel very comfortable maybe. Who would feel comfortable?... My continuing, my struggle working with English people how they see me knowing that I am from Romania that is huge debates now in newspapers they are worried we are going to come, to invade UK...Romanians and Bulgarians: We are number one enemy now. We are going to take British jobs. So is, that's my world. People see me as a person that takes their jobs, take their resources* (for discussion, see Chapter 5).

4.6.6 Necessity of learning about culture

Three participants referred to the necessity of learning more about culture to feel more confident as a therapist doing therapy in a second language. Alice was comfortable retaining her French accent and even considered that it contributed to her ability to facilitate the therapy process. As mentioned previously, she believed Britons favour certain cultures over others, and she feels completely accepted in the UK.

> *Sometimes I'm quite harsh when I give feedback to* [a] *client, but I get away with that because they say oh, she's French. It doesn't matter how I say things, to be polite, not polite enough. It doesn't matter, they know I'm not English, they don't expect me to have an English politeness. They don't have the same expectations from me.*

Dante pointed explicitly to the overlap of culture with language and the necessity of acknowledging that. '*It's not just about language, it's the cultural element. The language is an expression of the culture'*. He said: *'I think being a bilingual therapist is important but being a bicultural is even more important'*.

Arash was opposed to working as a therapist in a second language. Talking about his fears, he referred to his enduring concerns about culture, which applied even to work with clients who were native Persian speakers (his mother tongue). He claimed that Iran has a very diverse cultural background and felt that he might not be familiar with all the subclasses of the Persian-speaking culture. He emphasised the need for learning about the UK culture as part of formal psychotherapy training.

> *There are things deep inside the culture of a nation unless you live in the society for many years, for 15 or 20 years, you're not going to understanding really, or* [unless] *you are the kind of person that goes and studies about the culture.*

In referring to the need for special training for bilingual therapists he added: '*In terms of maybe providing more materials to help you to understand culture better*'.

4.7 Summary

This chapter has provided a detailed exploration of the key themes extracted from analysing the interview transcripts of eight participants. The themes and sub-themes give a rich insight into the complexities of working as a psychotherapist in English, where this is a second language. In particular, the findings show that participants, who were all qualified counsellors and/or psychotherapists, experienced a period of tension and uncomfortable feelings centred on the feeling or perception of being judged for having language and communication limitations.

The results found some alterations in the therapeutic relationship between the participants and their native English-speaking clients. It also found a variety of coping strategies being employed and a range of different approaches to working with language and communication in supervision. This research also identified some changes in the way the participants perceived themselves as a result of working in English as a second language.

All therapists had experienced doubt in their ability as a result of working in English as a second language. One of them decided to quit working in English. The fact that all participants had also provided therapy in their primary language offers additional insight into the particular effect of the phenomenon. All participants found providing psychotherapy to clients who were native English speakers produced more uncomfortable feelings and was more demanding than for those who were not native English speakers. While there was tension expressed across the board, all participants had not only been able to find their way through what was described as a transitional period of varying lengths but also considered this to be a self-growth experience. A detailed discussion and comparisons with previous studies will be presented in Chapter 5.

Chapter 5: Discussion

5.1 Introduction

The findings were discussed in detail in Chapter 4. In this chapter, the extracted themes are discussed and compared with the previous studies. Some of the findings, such as the uncomfortable emotional experiences, have been reported in previous studies. Some unique themes expressed by the research participants have not been previously reported, such as the possibility of a hierarchy of acceptance of other cultures and languages in the UK.

This chapter starts with the emotional experiences that have been mentioned frequently during the interviews and that have been extensively repeated in the literature. Therapeutic relationships, therapists' professional identities, the support system, and cultural issues are also covered and discussed here. Possible limitations of this research, recommendations for further studies, and the relevance of this study to counselling psychology will be presented and discussed in Chapter 6.

5.2 Powerful Emotional Experience

Powerful emotional experience was the most repeated theme expressed by the research participants. All eight participants referred to having an uncomfortable feeling or bodily discomfort before, during, or after a session with their English-speaking clients. Three participants referred to frustration, and two participants talked about their anger, which will be separately discussed in this section.

5.2.1 Powerful emotional experience: Anxiety

Profound emotional experience and bodily discomfort were shared by all eight participants. Of the eight participants, five used the word '*anxiety*' or being anxious to refer to the emotional experience they had with their native English-speaking clients. One (Dyta) used the words

‘*extremely nervous*’, one (Lelah) used the expression ‘*butterfly in* tummy’, one (Arash) used the words ‘being scared’, and, finally, one participant used the phrase ‘blocked from inside’ to describe the emotional experience.

5.2.2 Anxiety for understanding

Participants reported that before, during, or after counselling with their native English-speaking clients, they experienced significant levels of feeling uncomfortable and feeling the fight or flight response. The emotionally uncomfortable experience the participants talked about was related to the participants’ concerns about their language proficiency and whether they could demonstrate their expertise in the new language in the way that they did in their mother tongue. The research participants were worried that they might find their client’s accent or speech hard to understand or that the client might find their foreign accent and speech challenging or find it hard to communicate with them. Seven out of eight participants expressed concerns about being understood by their native English-speaking clients. Six out of eight participants reported worrying about their foreign accent and their problems with unknown words. The client’s use of colloquial or street language and, contrastingly, the client’s usage of complex language structures and jargon were the main challenging areas for the research participants. The question is whether the problem with jargons is only limited to the bilingual counsellors or the native-speaking therapists might find them challenging as well? Lago and Barty (2003) believe that jargons are examples of language complexities that even the native-speakers might find challenging because jargons are relying on the technical words which everyone is not necessarily familiar with.

5.2.3 Compatibility with the previous studies

As mentioned in Chapter 2, the limited studies about the second language in therapy from the perspective of the therapist point to anxiety and frustration in therapists who are practising

therapy in their second language. Verdinelli and Biever (2009) focused on bilingual therapists working in English and Spanish. They chose 13 native Spanish speakers who had learnt English either through education or work in the United States and who reported being more comfortable speaking Spanish than English. Their research participants reported isolation and their struggle with language. This struggle was related to language barriers and communication gaps (ibid., p. 234). They had problems with pronouncing English correctly, having a foreign accent, and writing in English. This led to a sense of insecurity and concern (ibid., p. 235).

Verdinelli and Biever published more research in 2013 about practising therapy in a second language from the therapist's perspective. They reported language-induced problems interfering with their participants' work, for example, unfamiliarity with idioms and certain words and difficulties with clients' accents. They also found using metaphors and abstract concepts more challenging for their participant therapists.

Georgiadou (2014) found similar concerns in her research participants about language, for example, understanding the clients' speech or accent and unknown vocabulary. The participants reported anxiety symptoms like stomach upset and not feeling grounded. Research from the perspective of clients shows similar concerns from the clients regarding their language proficiency, such as word usage, grammatical accuracy, and pronunciation (refer to Chapter 2; Santiago-Rivera, 1995).

5.2.4 Not exactly the same

The questions in the semi-structured interview were designed to distinguish the experience of working in English with native speakers, with those who use English as a second language (like the participants), and with mother-tongue clients (those who speak the same first language with the participants). This was not considered in the previous studies. Surprisingly enough, these research participants expressed significantly less uncomfortable feelings and concerns when

working with the clients who use English as a second language. Five out of eight participants expressed less uncomfortable feelings and less preoccupation with their language shortcomings when working with the clients who were using English as a second language. They were talking about feeling equal or being at the same level with their non-native English-speaking clients. More discussion will follow under the heading of 'Professional Identity'.

It is important to remember that distinguishing who is a native English-speaking client versus a bilingual client (who uses English as a second language) was a subjective experience expressed by these research participants and not something externally measured by the researcher.

5.2.5 Unknown language or unknown culture?

Georgiadou (2014) found unfamiliarity with the subtle cultural meaning behind certain words to be a source of anxiety for her research participants. The participants in this research also reported that their problems with language were not just limited to the unknown words but also extended to the lack of shared experience. Some participants reported that they understood what the client was talking about in terms of words, but they were discussing events or stories that the participant had not lived through; thus, they could not completely comprehend the client's intent (refer to Sections 4.3.2.1 and 4.3.2.2 for the detailed presentation of the findings). There are areas of overlap between culture and language (refer to Section 5.7.1).

5.2.6 Frustration and anger

Other reported emotions by the research participants were frustration and anger. Frustration was reported by three out of eight participants and anger was mentioned by two out of eight participants. Participants had a sense of frustration because of coming to terms with their language limitations and anger due to these limitations. The participants reported their

frustration clearly by wanting to help their clients but realising that they have limitations in terms of language.

Two of the participants reported that their anger was because it was impossible for them to overcome their language shortcomings and to feel like a native English-speaking person even after living for a relatively long time in the UK (see Sections 4.2.2 and 4.2.3). Verdinelli and Biever (2013) reported frustration in their participants because of a lack of training in the practice of therapy in a second language. The research participants were frustrated when confronting their own language limitations. The research participants expressed their frustration, not because of the lack of training (external factor) but because of facing their limitations in communication with their clients (more of an internal dilemma). Even more interesting is that, when they were asked about the necessity/availability of any special course for bilingual therapists, they showed reluctance and excitement at the same time. They were more hesitant if they thought they were the only one to experience this than if there were other therapists with similar experiences. This potentially might have added to their sense of loneliness. This will be discussed under the heading 'Support'.

5.3 Effect of Language on the Therapeutic Relationship

5.3.1 Brief review of the literature

As explained in Chapter 2, the literature about the use of a second language in the therapy room from the client's point of view is divided into two groups. The first group, Aragno and Schlachet (1996), De Zulueta (2006), and Bayson (2010), shared the idea that true emotions are not apparent in the language we learn later in life, so it represents a false self and has no therapeutic value. In contrast, the second group believes that, although we may find it hard to see a more embodied emotion in a second language, the distance that this detachment provides facilitates the recall of painful and traumatic events. Thus, the client can talk about these

traumas without being overwhelmed by emotion. They conclude that the application of a second language in the therapy room has a significant therapeutic value. Grosjean (2010), Zarbafi (2013), Byford (2015), Pitta et al. (1978), Movahedi (1996), and Costa and Dewaele (2013) discussed the freedom from the cultural influence of the first language when speaking in the second language and that this can have therapeutic value (see Chapter 2).

From the therapist's point of view, the literature again portrays a rather contrasting picture of using a second language in therapy. For example, Skulic (2007), Akhtar (2006), and Verdinelli and Biever (2009) found a sense of pride and achievement in their research participants who were able to perform therapy in a second language, but they also reported struggles with second languages, barriers in communication, preoccupation with clients' speech, and more resonance with mother-tongue clients (see Chapter 2).

5.3.2 Shift of attention, avoidance of clarification

The participants in this study, like Verdinelli and Biever's (2009) research participants, reported two diverse sets of responses to their English-speaking clients. They reported passing through a transient period in which they experienced significant levels of uncomfortable feelings, concern about being judged by their clients, preoccupation with their way of speaking, shifts in their attention to their clients (they were keener to receive support and reassurance from their English-speaking clients), apparent avoidance of clarification of unknown words or phrases (attempting to infer the meaning or pretending to know), and feeling less than their native English-speaking clients.

Avoiding clarification was not mentioned in the previous studies. Six out of eight participants reported avoiding clarification about language with their native English-speaking clients at some stages of therapy due to their anxiety and fear of their clients' judgements. They either ignored what they could not understand or tried to guess the meaning instead of asking a direct

question. It is not clear whether the participants' clients were aware of this. It could be potentially harmful to their clients, as their therapists did not fully understand them, and they avoided clarifying their misunderstandings. They also reported power struggles and preoccupation with equality, which will be discussed further under the heading 'Professional Identity' (see also Sections 4.3.3.4 and 4.4.4).

Seven participants reported a shift of attention from their clients to themselves because of their struggle with language. They reported monitoring their English extensively instead of focusing on the client's narration. They were concentrating on the words the client was uttering to avoid missing something. One of the participants said that she used to feel very tired after a session with her English-speaking client because of too much focusing. The shift of attention reported by the research participants is similar to the results of the previous study by Verdinelli and Biever (2009) who reported that their participants were so preoccupied with the accuracy of their own speech that their minds were distracted from their therapy session. Avoiding clarification and the shift of attention could bear some potential counter-therapeutic consequences. For a discussion about the implications, refer to Chapter 6).

5.3.4 Dissimilar experience with non-native speakers

As explained before, the design of this research, the semi-structured question format, and the follow-up probing questions all helped to distinguish the subjective experience of the research participants with their native English-speaking clients from their clients who were using English as a second language. There were significant differences between their interactions with their native English-speaking clients compared to the others. Although a few of the participants discussed language issues with some of the English-speaking clients who spoke English as a second language, either due to the client's strong foreign accent or poor vocabulary, they found it more convenient to ask for clarification and experienced less

uncomfortable feelings with clients who were using English as a second language (for a detailed discussion, refer to Chapter 4).

Verdinelli and Biever (2009) studied the combination of language and culture. Their study was focused on bilingual therapists who were working in English and Spanish. They chose 13 native Spanish speakers who had learnt English either through education or work in the United States and reported being more comfortable in Spanish than in English. Their research participants found it hard to render their services in a second language. They said they just used trial and error. They also mentioned that they could connect with their Spanish speaking clients more easily than their English-speaking clients. They reported being more relaxed in using humour when speaking in Spanish, while they were more serious and detached in English (ibid.). They believed that having a shared ethnic and cultural background might lead to a sense of connection that could improve the therapeutic work. They believed that the similarity of background and a sense of familiarity with the client helped the therapist to feel more relaxed in the therapy room (ibid., p. 238).

Costa (2010) studied the relationship between bilingual therapists and bilingual clients who were both speaking in a second language. She found that therapists and clients have a shared sense of understanding of the meaning of loss when they were not speaking their mother tongues. The participants of this research likewise reported having a shared understanding with their clients who were using English as a second language. The shared understanding of the research participants and their clients was their struggle with language, which was different from the study of Costa. One participant (Arash) talked about feeling similar to his non-native clients because they both have lost everything after immigrating to the UK.

5.3.5 Delay in therapy

In therapy, regardless of the theoretical orientation, sometimes, there can be a warming-up period before the counsellor and client can connect to and feel comfortable with one another. Because psychotherapy is expensive, and the resources are limited, a delay in the therapy pace could have ethical and therapeutic implications. In this section, delay in the pace of therapy will be discussed.

As explained in Chapter 2, Verdinelli and Biever (2013) talked about the delay in the pace of therapy due to the translation of scientific terms from English to Spanish when therapists were using Spanish as a second language for therapy. Stevens and Holland (2008) discussed two sets of factors in a therapeutic relationship: the fragmenting factors and integrating factors. Fragmenting factors are factors that hinder the therapeutic relationship. Among the fragmenting factors is the slow pace of therapy due to language issues. The consequence nevertheless depends on the interaction of integrating factors, such as '*the mutual tolerance of the language gap'* (ibid., p. 21; see Section 2.3).

Five out of eight participants of this research asserted that they have experienced a delay in understanding their clients' problems and providing help in English. This delay was not limited to the monolingual English-speaking clients but also affected those clients who use English as a second language. The delay was related to language shortcomings, such as unknown words and misunderstanding the client's speech. However, for some of the participants, it was also about the non-verbal cues and culturally sensitive issues (see also Section 4.3.3.3).

One of the participants, however, believed that, although her language barriers might impede the rapid understanding of her clients and delay therapy, the delay does not necessarily mean a failure to understand the client. She believed that delay can sometimes be positive because it can buy more time to build trust with their clients. She asserted that the language struggle of

the therapist will help to open other channels of communication that ultimately lead to better communication with her clients, although delay seems frustrating.

At some point in their challenge with language, the research participants noticed the importance of being with the client and non-verbal communication. The positive effect of the delay in therapy has not been reflected in previous studies. One possible question is the cost of therapy. With the limitations of resources and a high demand from the public for counselling and psychotherapy, how practical would it be to reduce the pace of a counselling session in the settings that promote short-term interventions, such as the NHS settings or IAPT settings?

5.4 Coping with the Problem

After a period of anxiety and avoidance, which was different for each participant, they finally attempted to accept their language limitations. They realised that, although language is not a static phenomenon and can be improved with time and immersion in the new society, they might find themselves in challenging situations from time to time. There are words, expressions, accents, and pronunciations that they might find difficult to grasp for one reason or another. Those challenges could be language-related, for example, vocabulary or accent, or they could be culturally related issues, such as a lack of shared lived experience with their clients or an event with a cultural quintessence that they do not necessarily comprehend. When the participants found a way to acknowledge their language limitations, they found themselves more comfortable to ask for clarification if they do not understand something instead of avoiding and feigning knowledge. This has not been reflected in previous studies. The participants also emphasised the importance of being with clients, building a trustworthy relationship with them, and paying more attention to non-verbal communication.

5.4.1 Non-verbal communication

Five out of eight participants mentioned non-verbal elements in therapy with diverse inferences. Two of the participants said that it is harder for them to grasp non-verbal cues from English-speaking clients compared to mother-tongue clients. Alternatively, two of the participants reported more attunement to the non-verbal elements as a compensation for their language shortcomings. That means that they rely more on non-verbal elements to comprehend the client's intentions when understanding the client's speech is difficult for them. One of the participants said that she uses non-verbal elements to gauge her client's attitude towards her language. She added that she looks for any signs of discomfort in the client as a clue for being dissatisfied with the participant's English. Of the previous similar studies, only Costa (2010) discussed the reliance on non-verbal elements in her bilingual participants (therapists). There are many unanswered questions regarding the use of non-verbal communication as assistance for language-related misunderstandings and the effectiveness of such substitutions. Is it possible to connect to a client fully and help him/her if one misunderstands a great deal of the client's speech? One of the possible determinant factors could be the scope of the language problems. To what extent can we use non-verbal cues as a substitute for words? It is not a clearly defined situation, and it seems to be challenging to maintain the balance.

5.4.2 Trusting relationship

Some scholars call psychotherapy the '*talking cure*' (Clauss, 1998, p 188). This demonstrates the importance of words and speaking in therapy since a lack of mutual comprehension between the client and therapist could cause difficulty in building a good relationship and could render the therapy meaningless. On the other hand, there are people who suggest that being with the client is more important than speaking to them. Some research supports that one of the pivotal determinants of successful therapy is the relationship between the client and therapist (Hoffman et al., 2015). According to Rogers (1961), three major components of a

good relationship between the therapist and client are unconditional positive regard, empathy, and being genuine.

A review of the literature shows that psychotherapy is effective despite the type of psychotherapy and that the most important factor in effective psychotherapy is the relationship between the client and therapist (Hoffman et al., 2015). Each therapy without consideration of its theoretical orientation can be divided into process and containment. By process, we mean to echo, reflect, or to give feedback to a client. By containment, we try to come close to what the client is experiencing and to help them recognise and contain their diverse pleasant or unpleasant emotions. Zarbafi named the ambience between the client and therapist '*the third language*' (2013, p. 10). This third language consists of verbal, non-verbal, and mutual understanding. According to him, although we speak of talking therapy, language is not the most important aspect of therapy. He believed that the most important aspect is the therapist's ability to contain the clients' difficult feelings and to give them a sense of being understood (ibid., p. 10).

When the transitory uncomfortable phase was passed, however, the research participants found their own solutions. They either came to terms with their language limitations or sought enhancement of their communication through other means: non-verbal communication, being with the client, etc. Two of the research participants talked about the trustworthy therapeutic relationship to overcome language shortcomings, and one emphasised the energy and presence in the therapy room (refer to Section 4.4.6.2). Trust and closeness could be the essential elements of each successful therapy regardless of the language spoken.

Deurzen and Young (2009) believed letting oneself feel the exact emotions the client is feeling is essential at the beginning of the therapy. It is a very demanding task and comprises three elements: being vigilant to the client's worries and picking them up, letting the self-resonate

with what is important in the client's life, and finally, letting the self be touched by those things that seem important to the client (ibid., p. 91).

In an interesting doctoral thesis, Lodge (2010) examined the experience of emotional connection in therapy. She chose five pairs of therapists and clients including herself and her therapist and used the heuristic method. She concluded that there are moments in therapy that the therapist and the client feel emotionally connected and that this happens on two levels: a conscious articulated level and an unarticulated subliminal level. Another interesting finding was that, although what we call therapeutic work was done on the manifest (articulate) level, the healing of the deepest emotional problems of the client happened on the subliminal (non-articulate) level (ibid., p. 19). Thus, she recommended a good emotional bond between the client and therapist if deeper healing is needed (ibid.).

Does it mean that a bilingual therapist who is working in English as a second language should try harder to establish a stronger trusting relationship with his/her English-speaking client? Even if it is possible, how would the client perceive such overpowered gestures of kindness and closeness by the therapist? If the therapist feels insecure because of his/her language proficiency and tries to be more accepting and attentive than he/she normally is, it could be perceived as an invasion of the client's boundaries and could become threatening in nature.

5.4.3 Acceptance of limitations as an outcome of anxiety

As explained earlier, anxiety was mentioned by the research participants when they were asked about their work as counsellors/therapists in English. The research participants were worried that they might not be able to understand their clients fully because of their language barrier or that their client might have difficulties comprehending them or might judge them.

5.4.3.1 Anxiety, pathology, or opportunity?

There are many different interpretations of anxiety based on the way the scholars view the phenomenon. From the clinical psychology/psychiatry viewpoint, what the participants reported matched both bodily and psychological symptoms of anxiety, such as thought blocking, having butterflies in the stomach, and feeling drained emotionally. The Diagnostic and Statistical Manual of Mental Disorders (DSM V) by the American Psychiatric Association (APA, 2013) clearly distinguishes between fear as an emotional response to an immediate threat and anxiety as an anticipation of a future threat. According to APA, although fear and anxiety sometimes overlap, fear is characterised as the automatic arousal needed to confront an imminent danger, while anxiety is associated with muscle tension and vigilance about something that might happen in the future as well as avoidant behaviour (ibid.).

While clinical psychology and psychiatry define anxiety as a pathological reaction that has to be eradicated, existential therapy does not see anxiety as pathology but as a sign of the human endeavour to overcome a demanding situation and/or make sense of it (Deurzen, 2009). In this view, anxiety is the result of a person confronting the tough or unpleasant facts in his/her life conditions (Yalom, 2002). Existential therapy does not try to eradicate anxiety, rather it helps the client to explore it and get through it.

In this approach, anxiety is not considered a psychological mechanism but rather an inevitable aspect of life (Cohn, 1997). It is a result of facing the lack of '*substance and security of the human condition or bare reality of existence*' (Deurzen, 2012, p 38). Anxiety is the result of facing the given aspects of life, which means the things into which we have been thrown. It shows the limitations of human beings and the necessity to take steps to face them, change them, or accept these limitations. Anxiety is the result of that necessity of choice (Cohn, 1997, p. 70).

In Yalom's view, anxiety derives from the four ultimate concerns in life, which are death, isolation, meaning, and freedom (2002, p. xvii). In Yalom's view, the paradox that triggers anxiety can be divided into two groups: first, the tension between the awareness of the inevitability of death and the wish to continue to be and the absence of external structure, and second, the tension between the confrontation with groundlessness and our yearning for ground and structure (Yalom, 1980).

For the author (Mehrshad Arshadi), anxiety was (and still is) a situational experience, which is a response to the paradox of wanting to be effective as a professional practitioner and realising the limitations and potentialities. For the author, anxiety was the starting point to face the obstacles to becoming a therapist in the UK. Instead of avoiding or trying to eliminate anxiety, the author's milestone journey was to find a way through the anxiety, something that is part of our lives while we are living (refer to the researcher's reflections in Chapters 1 and 6).

The research participants discussed the respective periods in which they experienced uncomfortable feelings due to their concerns regarding their language proficiency. During this transitory phase, they avoided language clarification and pretended to understand the client when they did not comprehend. Then, there was a time when they came to terms with their language shortcomings and felt better about themselves. Acceptance of one's limitations could play a pivotal role in the changes they speak about, although there are many other cooperating factors that cannot be separated from language, such as improving their English and more immersion in the new society.

5.4.3.2 Between passion and paradox

In the existential view, we all face the limitations of our living, yet we want to find our unique responses to these facts of our lives. Deurzen (1998) uses the term '*passion*' to describe this personal challenge of the facts of life. In her view, passion refers to our response to a world

that holds much challenge and misfortune, all of which we must accept and '*take in our stride*' (Deurzen, 1998, p. 62). When we speak about passion in life, we mean to stretch ourselves beyond conventional boundaries to experience the unknown and, of course, to face our limitations (ibid.).

To be passionate means to '*embrace life in all its contradictions and not to be too afraid to be devastated and hurt. It means taking a risk and discovering the true contrasts of the paradoxes of life and death*' (ibid., p. 71). In the existential perspective, anxiety is the indication of awareness in a person (Deurzen, 2012, p. 35). The essence of the idea is that if there is a passion to expand beyond a limitation, then there is an aspect (the limitation) and the unique response to this limitation that are based on free will/choice. Of course, the outcome of our choices is never certain (Cohn, 1997, p. 70).

The participants in this research divulged facing their uncertainty and expecting an unpredictable response from their clients (judgement by the client and acceptance or rejection). They faced the limitations of the new language and culture and finally found their unique way to make the therapeutic relationship work for them and their clients. Five out of eight participants explained their need to accept their language limitations.

One decided to cease working in English and restricted his work to his mother-tongue clients, as he believed that counselling/psychotherapy in English requires a unique level of mastery over language, which is not achievable by immigrant counsellors (who have learnt English as an adult later in life) Nevertheless, he insisted that his decision to quit working in English is a wise decision born out of deep reflection.

Five out of eight participants reported paying more attention to or trying to expand the other channels of communication with their clients to make up for their language limitations. These modes of communication included the application of non-verbal cues, the ambience and energy

of the therapy room, and improving the therapeutic alliance and the connection with the client. To cope with their problems with language, some of the participants introduced some innovative solutions to tackle their obstacles, like recording the session with the client or warning to the client that they might need to stop and ask for clarification for non-familiar words or expressions.

Based on Deurzen's theory of passion and paradox, the participants were vacillating between basic purpose and ultimate concern (Table 5.1). They expressed a sense of self-growth in the process by either accepting their limitations and/or enhancing other channels of communication. After a period of tension and confusion that was based on avoiding the paradox by shifting attention to the self rather than the client, avoiding clarification for difficulties with their clients' speech, slowing down the pace of therapy, the research participants reached the conclusion that their struggle with language is part of the reality of working as a therapist in a second language. They might never gain native-like mastery over the language, and even if they could achieve that, there are cultural idiosyncrasies attached to some words that they may miss because of a lack of shared experience with their clients. They noted that there could be unfamiliar accents, words, and expressions and that clients may find their language challenging, but this is their limitation. This awareness also helped some of them to ponder that, overall, therapy is not just words.

Table 5.1: Adopted from Emmy Van Deurzen (1998, p. 146).

Dimensions of Experience	**Basic Purpose**	**Intermediate Goal**	**Ultimate Concern**
Public world	*Success* *Power*	*Recognition* *Fame*	*Failure* *Defeat*

	Glory	*Influence* *Respect*	*Impotence* *Isolation*
Private world	*Integrity* *Selfhood* *Authenticity*	*Individuality* *Freedom* *Specialness* *Kinship*	*Disintegration* *Confusion* *Dissolution of self*

5.5 Professional Identity

5.5.1 Introduction

Identity is defined as parts of personality that continue over time but are subject to change (Deurzen & Kenward, 2011, p. 98). Our body, behaviour, and attitudes all constitute part of our identity. It is not static and is challenging to keep it intact in the face of powerful transformations (ibid.). It is a dynamic open system that can be changed by many factors, including other's perceptions (Madison, 2010) motivation, choice, freedom, and an infinite number of interactions and redirections (Howard, 2005). Identity incorporates others' perceptions as well. '*Identity refers to how one sees oneself, also incorporating others' perceptions and the way that these impinge upon self-development*' (Madison, 2010, p. 132).

Identity comprises six big elements (Howard, 2005, p. 3):

- Who am I?
- Where am I standing?
- Where do I come from?
- Where am I going to?
- What am I capable of doing?

- What are my entitlements and obligations?

As discussed in Chapter 4, half of the research participants discussed different professional identities when working in English and in their mother tongue. These differences consisted of an inability to demonstrate their expertise in the second language and a sense of inadequacy because of feeling not good enough. One participant spoke about the increased efforts she had to put in when speaking English to prove herself capable. Another one discussed the vicious circle of language and self-confidence as her challenges with English were affecting her self-esteem in a negative way, and experiencing a low self-esteem was contributing to an increase in her language-induced problems.

In this section, all the extracted themes pertinent to professional identity of the participants as a counsellor/therapist are covered, discussed, and compared with the previous studies. These themes include '*fear of being judged*', '*duality of self-concept*', '*equality*', and '*self-growth and resilience*'.

5.5.2 Fear of judgement

Six out of eight participants had some preoccupation about the way their native English-speaking clients might judge them. One participant was worried that her clients might pick up her shaking self-confidence in using certain English words. One was worried that, by asking language-related questions, she might look like a novice to her clients. The others had concerns about being judged for having a different accent and language fluency. As explained in Chapter 4, only two participants had experienced negative feedback regarding language; one had received a complaint addressing her English, and another had heard from one of his clients about their discomfort about his language. The anxiety that this research participant had about working with native English-speaking clients was not tied completely to receiving a bad reaction. They were preoccupied with the idea that those clients might judge their capabilities

based on their language proficiency (both receptive and perceptive), for having a different/foreign pronunciation and accent, for possibly misunderstanding the client, and for improper use of some words or expressions.

Van Deurzen (2009(2)) elaborated on having a foreign accent and being judged for it and added that sometimes people's capabilities are misjudged based on the imperfections in their language proficiency (see Chapter 2). These findings emphasise the participants' fear of being judged for their language by their clients, rather than an actual incident compromising judgement. This fear was only when communicating with native English language speakers. This sense of being judged either did not exist or was less strong with those clients who use English as a second language.

5.5.3 Hierarchy of acceptance of languages

As explained in Chapter 2, Verdinelli and Biever (2009) referred to the accent prestige theory. According to this theory, those who speak English as a second language with a foreign accent in an English-speaking country, are considered '*less intelligent, less educated and less successful*'. They are also perceived as '*less friendly, less trustworthy and less kind*' (ibid., p. 238). Is this the same for all languages? One of the very interesting findings of this research was the possibility of the existence of a hierarchy of acceptance of different languages in the UK, which was indicated by one of the participants. As explained before, most of the research participants had some concerns about having a foreign accent.

Only one participant, who was originally from France, seemed quite happy holding onto her original accent and pronunciation. She believed that having a French accent has helped her to get away with occasional language mistakes because '*She is French*', and people in the UK have a better acceptance of French culture and language. She said that she would have had a dissimilar experience if she was speaking Polish because there is a kind of hierarchy of

acceptance of other languages and cultures in the UK. Some linguists believe that the negative attitude is shown not to the language but the culture, so this hostility has nothing to do with the language (McLaughlin, 1978). There are many questions around the speculation, but it is a very interesting finding, and it could be subject to future research.

5.5.3.1 Racism

One of the research participants was a Romanian. She used the word '*racism*' and felt she was being judged due to racism. She was the only one who received a complaint about lack of language proficiency. She believed people in the UK have a generally negative attitude towards immigrants and, as Romania was joining the EU and free movement, she believed a very negative attitude towards them exists. Around two years after this interview, in June 2016, Britons voted to leave the European Union, and one of the topics discussed by the 'Leave' campaign was immigration. Society in the UK witnessed a surge in hate crimes soon after Brexit (around 41% increase; Forster, 2016).

Some research suggests that negative feelings towards bilingual therapists could be exacerbated by racism, prejudice, and stereotyping from the client's side. Akhtar (2006) believed that the reactions of clients are different towards those who are apparently foreign and those they do not recognise as such (invisible immigrants), for example, therapists who have the same skin colour, language, and cultural proximity, such as Americans (Akhtar, 2006, p. 32). In another research by Hussain and Bagguley (2007) quoted by Colin Lago (2011), the researchers concluded that sufficient attention is not given to the effect of Islamophobia in students. (Ibid, p34) These findings could be additional potential evidences for what was discussed as the possibility of a hierarchy of acceptance in the UK and the possibility of racism as two complicating factors that a bilingual therapist faces when working in a new society in his/her second language.

The Romanian participant attributed the negative feedback she received regarding her English to racism, but the question here is whether an English-speaking client has the right to be understood. If so, can a therapist really argue that the client should make a better effort to understand less than perfect English? Racism might happen as a result of many issues when there is a difference in ethnicity between two people or two groups. However, applying the term racism requires a subtler analysis of what a client can expect as well as what a therapist might expect, which is beyond the scope of this research but could be a subject of future studies.

5.5.4 Duality of self-concept

Four of the eight participants asserted they have a different picture of themselves when working in English. They were talking about things like '*not being* [my]*self*' and being '*unable to show my expertise'*. The answer to the question of 'who am I?' will *'give meaning to one's life and mediates one's relationship with self and others.'* (Lago, 2011, p 54) He also believes that the way the therapist sees himself/herself has a strong influence on the therapeutic relationship specially when the therapist and the counsellor have different ethnic background. (Ibid)

This study's participants were all professional counsellors/psychotherapists. They had already obtained at least their first degree in their own countries and had added second or third degrees in the UK or had just started a new course. They already had a sense of expertise and wholeness when they started working in the UK as counsellors, but they passed through a challenging transitory phase with their language, which had drastic effects on the way they perceived themselves.

They had feelings of not being good enough because of their language limitations. These findings are compatible with previous studies, such as those by Verdinelli and Biever (2009), Skulic (2007), and Verdinelli and Biever (2013) about the different sense of professional

identity as well as literature about the link between the sense of identity and the role of language, for example De Zulueta (2006) and Zarbafi (2013).

Some believe that this duality of self is inescapable because working in two different languages can evoke different senses of self. It is inevitable because our mother tongue is linked to our early identity formation and because the second language is linked to a new identity formation (Zarbafi, 2013). If the sense of self (identity) should be formed in more than one specific place, then the possibility of living in more than one place (with a different culture and language) entails a more fluid identity, which is '*elaborated by the complexity of not quite fitting in anywhere and freedom from having to identify with one fixed place*' (Madison, 2009, p. 45).

Although this research's results suggest a duality of identity, these two identities do not seem to have equal value in the way the participants see themselves. If we accept that they have two identities, one of these is inflicted with a deep sense of fear of being judged by their clients and of an inability to demonstrate their capabilities in the second language. Do these different self-concepts ever reach a consensus and are they capable of providing a sense of integrity in the person? These research participants believe that, after a certain amount of time, they finally found their way and felt more comfortable working in English. This will be covered later.

5.5.5 Equality

Five out of eight participants reported feeling unequal to their native English-speaking clients. This was not the case with the clients who were using English as a second language and not with the mother-tongue clients. Does it indicate the need to be accepted and belong, or is it about feeling powerless or disappointed? One of the big elements of the sense of identity is the sense of belonging and the relationship between society and the person is not always clear. The society that the person lives in can help the individual to develop but can also have a threatening

effect by surrounding the individual too much (Madison, 2010; see Section 2.4 for a detailed discussion).

Six participants reported feeling more comfortable and closer to their non-native English clients. They reported feeling that they were at the same level as them and had something in common and that what they shared was mostly their shared struggle with language. With their native English-speaking clients, they were preoccupied with being judged and felt inferior. With the mother-tongue clients, if there was a concern, it was generally related to cultural issues, boundaries, and the terms and conditions of therapy.

Verdinelli and Biever (2009) believed that having a shared ethnic and cultural background might lead to a sense of connection that could improve therapeutic work. They believed that the similarity of background and a sense of familiarity with the client may help the therapist to feel more relaxed in the therapy room. The research participants also mentioned feeling more comfortable with their mother-tongue clients. One of the participants (Alice) said that, although she feels her mother tongue (French) in her bones and has more resonance with it than her second language (English), she becomes irritated by French because French represents an old part of herself and her life that she is unhappy with, while English represents her current self that she is very happy with (see Table 4.2.5). This finding reminds us that there is no clear formula for human behaviour. When we speak of human beings, most phenomena are subjective experiences and are affected by our personal choices and preferences.

5.5.6 Resilience and self-growth

As discussed in Chapter 4, seven participants discussed having a self-growth experience when they finally managed to work effectively in their second language. It was mentioned previously that the change happened when they came to terms with their language limitations and tried to accept them rather than avoid them. Consequently, they noticed and appreciated the non-verbal

elements and being present with the client more. Now that they were remembering the hardships they had endured, they reported a sense of pride and an appreciation of themselves. Some even mentioned that this odyssey allowed self-exploration and that they felt it positively improved their counselling work even in their mother tongue.

One of the participants (Arash, the Iranian male therapist) ceased practising in English as a second language to focus on working with his mother-tongue clients who spoke Persian. This limited his counselling career to a certain degree, given that he is based in the UK. Despite this, he considered the decision to be a positive one and to be one borne out of deep reflection and self-knowledge. Two others (Rita [native Greek speaker] and Alice [native French speaker]) talked about becoming more explorative or, as they called it, phenomenological. They learnt not to take things for granted and to avoid jumping to conclusions and assumptions. This was something they tended to do with their mother-tongue clients based on the assumption that they had an intrinsic knowledge of their culture. There could be some doubts about the exclusive effect of their work in English as a therapist on their work in their mother tongue, as both were final year students of a doctorate programme in existential therapy, and their change of worldview could also be the result of being in a phenomenological training for several years.

5.6 Support System

5.6.1 Introduction

Previous studies about bilingual therapists who perform psychotherapy in a second language discussed the sense of isolation in such counsellors when facing the language and/or cultural difficulties and the necessity of supervisors' sensitivity to the needs of the therapist group. It was essential to explore whether these research participants have benefited from any kind of support in their challenging journey. A review of the findings regarding the support system the participants benefited from and the comparison with the previous studies are presented here.

5.6.2 Supervision

One of the main themes repeated in the literature is the feeling of loneliness and isolation among counsellors/therapists who are working in a second language (e.g., Skulic, 2007; Verdinelli & Biever, 2013). The participants in this research also reported being left on their own to struggle with their problems. Half of the participants were hesitant about the universality of their problem and asked whether it was just them who had experienced such challenges. Except for one of the participants, who strongly rejected any idea of the need for special support for bilingual therapists working in a second language, all the other participants emphasised the necessity of special support during their struggle with the second language. Ironically, the only one who was against any special support for bilingual therapists was also the only one who had received an official complaint because her English did not meet expectations. She appeared tense and angry during the interview and was worried about the researcher's intentions for this study (see interview reflections in Chapters 3 and 4).

Although half of the participants reported language improvement as a significant factor in feeling more grounded (expressed by four of the participants), the biggest source of support for them was supervision (expressed by five of the participants). They reported feeling that their supervisors boosted their confidence by encouraging them to continue rather than to cease practising. They also talked about the necessity of increased awareness of supervisors to language-related issues and how a bilingual therapist might feel and think when working in a second language (see Section 4.2.5). Previous similar studies did not highlight the support given to participants as a distinctive factor. Yet, they support the idea of supervision and that of precisely monitoring the work of bilingual therapists, as mentioned in the literature review.

5.6.2.1 Standard measure of competency

Fuetres (2004) believed that if a bilingual therapist is counselling in a second language, they should be monitored by their supervisor to prevent harm to the clients because some languages might have biases like sexism and class within them that could affect therapy and potentially be harmful to the client. As mentioned in Chapter 4 and in this chapter (Section 5.5.1), the research participants tried to avoid clarification of unknown words and tried to rely on a mere guess instead of directly questioning their native English-speaking clients for a period before they accepted their language limitations and tried to enhance their relationship with their English-speaking clients. There are some questions about the well-being of the clients in such a transitional phase, and it might imply the close monitoring of the work of such therapists if they express any language difficulties with their English-speaking clients (see Chapter 6).

Movahedi (1996) recommends that any struggle with language should be addressed in supervision. He also recommends that supervisors use a standard measure of competency for assessing the performance of therapy in a second language. This raises a further issue about whether linguistic competency can, in fact, be extracted from overall competency or indeed language from the broader therapeutic relationship. Fuetres (2004) believed that, in addition to the normal tasks of a supervisor, for example, attention to the strengths and needs of the supervisee, those who are supervising bilingual counsellors must also address the effect of language and culture on the therapy that is offered to the client. He also believed that it is preferable that the supervisor uses the same language that has been used in the therapy room, which, of course, requires the supervisor to be bilingual as well (ibid.). Although there are many bilingual therapists registered with the professional bodies in the UK, UKCP has no special requirements for working in a second language, while APA has issued guidelines for working in a second language (see Section 1.2.2). These research participants were not aware

of any special programme or training for the bilingual therapists who are using English as a second language.

5.6.3 Other sources of support

Other sources of support for these research participants were the help of colleagues as role models and of mentors as a part of peer supervision. This was mentioned by three out of eight participants and has not been referred to in previous studies.

5.6.3.1 Sharing with the client

Sharing their concerns about language with the client was also discussed by the research participants. Half of the research participants mentioned sharing their concerns about language with their clients either as an advanced warning or during therapy when necessary. One of them claimed it was recommended by his supervisor. Two said they make it clear to their clients at the outset that they might have problems with understanding the client's language and that they might stop them to ask clarifying questions regarding language.

This finding seems controversial. It has not been mentioned in previous studies. On one hand, it seems to help the client prepare for potential interruptions or questions about what they say and to limit the client's confusion or suspicion if this happens. This also may help to reduce the therapist's tension and concerns and may help to build trust; thus, there could be therapeutic benefits for doing this. It can also be considered an indicator of the therapist's care and eagerness to know the client.

On the other hand, it could have some inhibitory effect on the client's speech, as they may monitor their language and try to speak to cause less misunderstanding. It could ultimately limit the level of the client's engagement in therapy because they might be careful about their language in fear of their therapist's language proficiency. Dewaele and Costa (2013) reported of few of their participants saying that if their therapists were not very fluent in the second

language, the client had to choose their words carefully to ensure their therapists understood which stopped them from talking freely and led to a distraction and a feeling of being put off. (Please refer to 2.2.2). This could become subject to further comprehensive research (see Chapter 6).

In addition to the above dilemma, it appeared from these research participants' reports that the primary aim of the advanced warnings was to protect the counsellor and reduce their anxiety rather than to benefit the client or at least benefit the client at the same level. This kind of sharing of information (warning to the client) can be considered self-disclosure by the therapist.

There is some controversy regarding the use of self-disclosure. The role of the therapist has developed from traditionally being neutral in psychoanalysis, to modified neutrality in psychoanalytic psychotherapies, to suspended neutrality in supportive therapies (Kaplan et al., 1994, p. 831). Some researchers believe that self-disclosure can increase the level of intimacy in counselling (Derlega & Berg, 2014, p. 11), but the key is the benefit to the client. In a qualitative analysis of the helpfulness of the therapists' self-disclosure, 13 adult clients were interviewed in a semi-structured format, and results suggest that the clients found the therapist's self-discourse helpful if it occurred when the client was sharing important personal issues or when the therapist was using it to normalise or to reassure the client (Knox et al., 1997, p. 274).

Although some views of psychotherapies hesitate regarding disclosure, existential therapy reminds us that there are many spoken and unspoken disclosures about us when we are in a therapy room with a client. As counsellors in existential therapy, in a therapeutic relationship with the client, our names, the location, the decoration of our counselling room, and the objects around us are the first lines of such unspoken disclosures (Deurzen & Adams, 2016).

Deurzen and Adams (2016) believe that it is considered naive to try to withhold our personality and our worldview and be neutral to the client, but again, it is essential first to avoid any misunderstanding in the clients and, second, to know what difference such disclosures make for the client. '*Excessive curiosity*' about the therapist's actions, thoughts, feelings, and beliefs can often be a way of distracting the therapist by overvaluing them (ibid, p 78). To gain more insight into the usefulness of such interventions, it is recommended that the clients' perceptions are explored to see how facilitating or impeding they might find such self-disclosures (see suggestions for further studies in Chapter 6).

5.7 Cultural Issues

As explained in Chapter 4, there were many references to cultural issues in the participants' reply to the research questions. In this section, a brief discussion of the references to culture from the participants is presented and compared with previous studies.

5.7.1 Overlap of culture and language

All eight participants referred to overlaps of culture and language. The cultural references of some words and expressions were among the most repeated themes, especially the connotations behind colloquial language. One participant talked about one of her clients who spoke native English but, because of travelling extensively in different countries, she had gained a mixed culture. It seems hard to find a linear correlation between culture and language. The research participants noted that sometimes the problem is not with an unknown word or expression but with the cultural references behind it or a lived experience that the immigrant therapist has not shared. Colin Lago (2011) used the term 'cultural empathy' as the ability of the counsellors to identify and to show interest in the cultural connotations of the emotions expressed by the

client. He emphasised the importance of competency in the new culture to feel worthy. (Ibid, p33)

In addition, knowing a new language fully does not mean adherence to the new culture as well. Some people believe that biculturalism and bilingualism are not necessarily co-existent (Grosjean, 2010). It is possible to learn foreign languages without immersion in their respective cultures or even to emigrate to a new society and learn the language fluently without adhering to the new culture. Conversely, although one can switch completely from one language to another, switching from one culture to another one is not always possible, and elements of each culture remain in the behaviour of the person (ibid.; see Chapter 6 for research limitations).

5.7.2 Overlap of language issues and being a new therapist

Three of the eight participants discussed their inability to separate their anxiety of working in English and their anxiety of being a new therapist in the UK. For more details, refer to Section 4.6.3. These findings are compatible with what Georgiadou (2014) asserted in her study of the language-related problems of bilingual trainee counsellors. She believes that a significant amount of anxiety in international counselling trainees is related to their being novice therapists. (Refer to 2.3.4)

5.7.3 Cultural issues in the mother tongue

Four participants have spoken about some boundary issues and psycho-educational factors when working with their mother-tongue clients in the UK. They had concerns that their clients might not fully understand how the therapy works or might have requests that are beyond therapeutic contract or even in violation of therapeutic terms and conditions or boundaries. For a detailed presentation of the data, refer to Section 4.2.6.2.

Costa and Dewaele (2012) pointed to some boundary issues in the mother-tongue clients. Verdinelli and Biever (2013) also found similar boundary issues in Spanish clients with the

difference that Spanish was the second language spoken by the therapists. Is there something about being a minority in a society that does not belong to you fully? Is it part of acculturation? It is interesting to reflect on the meaning behind some mother-tongue clients and their attempts to trespass the therapist's boundaries. Perhaps this is related to feeling equal to them, or perhaps they are in the same vulnerable position. Perhaps it is because of their needs and their language imperfection, like the need to have access to social services or benefits, for example, and their inability to do it on their own because of their language barrier. Perhaps they think that their therapists can bridge their language gap or help them with their lack of information and facilitate their access to social services. These are just mere guesses and are subject to further studies.

5.8 Summary

This study explored the experience of working as a therapist/counsellor in English when English is not the first language of the therapist. The aim was to gain a more comprehensive picture of the various aspects of the experience. The results showed a transitory phase of uncomfortable feelings and anxiety in the participants who were trying to perform psychotherapy/counselling in English when English was not their native language. The situation was less uncomfortable when the client was also using English as a second language and with the mother-tongue clients. If there were any concerns, they were related to issues other than language, such as boundaries.

The experiences of anxiety and frustration were supported by the literature with the difference that the frustration reported by Verdinelli and Biever (2013) was attributed to the lack of training in the practice of therapy in a second language, while the reported frustration of the participants of this research was not because of a lack of training (external factor) but because of facing their limitations in communication with their clients (more of an internal dilemma).

The participants reported some alterations in their relationships with clients because of their concerns and mental preoccupation with their language shortcomings, things like a shift of attention from their clients to themselves or avoidance of clarification of misunderstood words or expressions. The shift of attention reported by all the research participants is similar to the results of the previous study by Verdinelli and Biever (2009). The participants also reported avoiding clarification, which was not mentioned in previous studies. Six out of eight participants reported avoiding clarification about language with their native English-speaking clients at some stages of therapy due to their anxiety and fear of their clients' judgement. The participants also reported a delay in the pace of therapy due to the language barrier, which was also reported by Stevens and Holland (2008) with the difference that, of the seven participants of this study who reported a delay in therapy due to language shortcomings, three believed that the delay does not necessarily mean a failure to understand the client. They believed that delay can sometimes become positive because it can buy more time to build trust with their clients or to open other channels of communication, which ultimately lead to better communication with the clients.

Participants' struggle with language also had some significant effects on their self-perception as therapists/counsellors. They were preoccupied with the concepts of equality and feeling powerless and were often worried about being judged by their clients for their language limitations.

However, at the end of their transitory phase, they started to accept their language limitations. They realised that, although language is not a static phenomenon and can be improved with time and immersion in a new society, they might find themselves in challenging situations from time to time. Those challenges could be related to language, for example vocabulary or accent, or they could be cultural issues like a lack of shared lived experience with their clients. When the participants found a way to acknowledge their language limitations and tried to accept them,

they found themselves more comfortable to ask for clarification if they did not understand something instead of avoiding and feigning knowledge. This has not been reflected in previous studies.

The coping mechanisms and their support system were also identified in detail in this research. The major source of support for these research participants was their supervisors. Some of them discussed the necessity of the supervisors' familiarity with the language issues of the bilingual therapist. They had doubts about the universality of their problems, and this sense of isolation contributed to their uncomfortable feelings. The author and participants are not aware of any special programmes or modules for educating or monitoring the work of bilingual therapists who are working in a second language, but some of the participants had a pressing need for acknowledgement of these issues and for support. Previous studies did not highlight the support given to participants as a distinctive factor. Yet, they supported the idea of supervision and of precisely monitoring the work of bilingual therapists. Half of the research participants mentioned sharing their concerns about language with their clients either as an advanced warning or during therapy when necessary. There is some controversy around such disclosures, which needs to be studied thoroughly.

One of the participants referred to the possibility of a hierarchy of acceptance of languages and cultures in the UK, which would affect bilingual therapists. This has not been mentioned in previous studies about bilingual therapists. One of the participants referred to racism as the reason for receiving negative feedback from her English-speaking clients, but there are some concerns about using the label of racism if a client is not happy with the language proficiency of his/her therapist. Both these claims are subject to future research (see Chapter 6). This research has limitations but is a foundation for further research concerning the effect of a second language on the process of counselling/psychotherapy. It has some practical

implications for counselling course planners, supervisors, and clients, which will be discussed in detail in Chapter 6.

Chapter 6: Practical Implications and Recommendations for Further Research

6.1 Introduction

This chapter starts with the final reflections of the author that will provide a platform for comparison of the experience of the phenomenon with the participants. Next, the practical implication of this research will be discussed. A brief review of the limitations of the research will be followed by suggestions for further studies.

6.2 Final Reflections

6.2.1 Author's experience of the phenomenon

I am an immigrant. I came to the UK in 2009 as an adult. I have changed dramatically during the last eight years. The research participants talked about a transitional phase in which they experienced anxiety and changes in their therapeutic relationship with their clients and their self-concept. Although I had a similar journey, there were things in the participants' narrations that resonated more, and there were descriptions that appeared less familiar to me. Like the research participants, my first years of working with English-speaking clients were full of anxiety.

I was concentrating on words and accent, and I was worried that I might miss important parts of my clients' speech. I was afraid that if I asked any questions, I would look like a novice therapist. It was quite hard for me to remember English names and to understand some of the

experiences of my English-speaking clients when I did not have the shared experience. I could easily be distracted by an unknown word in my client's speech.

I was providing therapy in English without having any prior specific training in the language and cultural differences, and like some of the research participants, I did not even think about or expect any particular support. In agreement with the sentiments of one of the research participants, I believe it is no one else's responsibility to address my language-related issues. I have chosen to live in the UK, and I should not speak less than perfectly.

My inner shyness was stopping me from sharing my concerns with my supervisors. Some of the participants talked about supervision as their main source of support when they encountered some language-related issues doing therapy in English. For me, my personal therapist was also a major source of support, something that was not mentioned by any of the participants.

Some of the research participants talked about the overlap of the language-related issues and being a less experienced therapist. As I had extensive experience as a clinical psychologist before immigrating to the UK, I was not used to being less experienced as a therapist.

One of the participants talked about the possibility of a hierarchy of acceptance of languages and cultures in the UK. I do not have any experience in which a client of mine had a particularly negative attitude towards me because of my first language being Persian. There are still moments that I do not feel comfortable being an Iranian in the UK, but it had nothing to do with my clients. It is related to the general picture of fundamentalism and the deconstructive approach that is associated with the name of Iran in the media.

The research participants talked about a significant moment in their professional career in which they realised they should accept their language limitations and/or enhance the other channels of communication, such as nonverbal communication. For me, it was not an epiphany

moment. The change happened gradually, and I felt more comfortable, but it was the cumulative effect of many factors, including improving my English.

As one of the research participants emphasised, I think doing psychotherapy and counselling requires a different level of language proficiency. Some people may demonstrate a relatively good command of the second language in their field of study or work and lesser fluency in irrelevant areas.

Based on my own experience and finalising this study, I wonder if we can ever achieve a subject-related mastery over a second language in counselling and psychotherapy. People attend our counselling room from different occupations, with diverse cultural and linguistic backgrounds. They might present themselves with different accents and with different sets of vocabularies, expressions, and discourses. There is no way I can predict what challenges my next client might bring in terms of language.

This has had pleasant and unpleasant consequences for me. On one hand, I am unable to experience a more grounded sense of self and expertise, as both fluctuate with the way I present myself in a language that I do not wholeheartedly possess. On the other hand, I experience a kind of excitement when I face any new client.

I am always in the process of learning, carrying my iPad with me to search online, asking questions of my supervisors, clients, and colleagues. All this has given me a sense of vitality and a predisposition to be an everlasting student. I started studying psychology in 1988. Once my nine-year-old nephew asked me in surprise: '*Uncle! It's more than 25 years that you are a student. When do you intend to graduate*?' I think it is time to tell him that I might remain a student for the rest of my life.

6.2.2 Mother tongue or other tongue?

As part of my exploration about the second language in therapy, I participated in a two-day workshop at the Tavistock Centre in London in February 2014. The workshop was about the application of the second language in therapy. Participants were mostly bilingual therapists from many countries.

As a new immigrant who had spent only five years in the UK at the time, I was expecting to see my fears and anxieties of using English as a second language in therapy reflected in the other participants. To my surprise, most of the others expressed their difficulties in practising psychotherapy in their mother tongue. After a lengthy period living and working in the UK, they had lost their proficiency in their first language. They discussed the inevitable distance from their mother tongue and the shrinkage in their vocabulary after living in the UK for a long time.

I remember that listening to them, I felt very uncomfortable. I could not listen anymore. I was sweating, and I was sick to my stomach. As someone who writes in Persian, thinking of myself as not being able to read, write, and speak in my mother tongue was a big shock**.**

Pavlenko (2011) believed that there is a time of transition from the first language (the mother tongue) to the second language that has been newly learnt. After a period of anxiety and agony, some immigrants may start to write in the new language as a form of compensation for their confusion and loss. This can take the form of poetry or diary writings (Pavlenko, 2011, p. 6).

I used to write poems in Persian, but I never had any experience or ambition to write in English. In 2013, when I was attending personal therapy as part of my study, suddenly I felt that I needed to be able to express myself in English through the medium of poetry. Finally, I found a voice in English, in a country that I cherish and call my home now. My poem was published in the

Journal of the Society for Existential Analysis, *Hermeneutic Circular* (Arshadi, 2014(2)). The following words clearly echo the maturation of my soul in my eventful journey in life.

> *Your voice is like falling rain behind the prison bars.*
>
> *Your voice is like the melody of hailstones in the springtime.*
>
> *Your voice is the rhythm of breaking down when the love is gone.*
>
> *Your voice is the maturation of a soul in an anxious time.*
>
> *Your voice is the resonance of my heartbeats when you hold me in your kind arms.*
>
> ('Maturation in Anxiety', Arshadi, 2014, p. 31)

6.3 Practical Implications for Counselling Psychology

As explained in Chapter 3, the disseminative aim of this research was to increase awareness of the problems and needs of bilingual therapists and their clients working in a second language (see Chapter 3).

6.3.1

This research's participants wanted their supervisors to have an increased awareness of the effects of language on their clinical work. They viewed supervision as a refuge, a place that was their prime source of support and clarification whenever they found difficulties in practising therapy in a second language. They spoke of the need for their struggles to be acknowledged.

Some of them wished that someone had told them of the possibility of a transitory phase in which they would experience a significant level of anxiety and frustration and language-related issues. As supervision is mandatory in the UK for practitioners registered with the major professional/regulatory bodies, it is advisable to increase awareness about any negative effects

of working with English-speaking clients on the therapist, on the client, and on the relationship between the two. We should consider this and be open to exploring further.

Education on the potential problems of those non-English counsellors who work in English could be integrated into the formal training programmes of supervisors or could be presented in the form of workshops and CPDs and could help the supervisors increase their sensitivity to such issues.

6.3.2

There is no special training/module on English language and culture for international students of counselling/psychotherapy courses. The research participants discussed the need for cultural education, which could be integrated either into their curriculum of study or into the process of accreditation for their foreign qualifications. Colin Lago and Alison Barty (2003) have developed a manual to work with the international students regarding the linguistic, social life and academic aspects of such students in the UK. This manual is comprising of a series of self-awareness techniques and in class activities for the use of the students and the university staff who are working with them. These kinds of structured activities can be easily integrated in the format of special workshops or CPD courses for the bilingual counsellors who might find working in the new language and culture challenging.

6.3.3

It is worth reconsidering the minimum criteria for language proficiency for entering an accredited course or getting accreditation for newcomers to the UK. The need for immersion in language and culture and demonstrating a higher level of mastery over language than the other professions could be worth further exploration.

One of the research participants expressed that she had learnt English more through communicating with her English-speaking partner and their English friends rather than through

official means like English schools. She said that sometimes she uses the colloquial and even offensive words instead of the more formal equivalents in the therapy room. On the other hand, most of the participants described their problems with colloquial expressions. It seems that the way we learn English is important, and it could be worthwhile to consider assessing the language proficiency of non-native English-speaking counsellors.

6.3.4

During the transitory phase, participants of this research expressed some alterations in their relationships with their native English-speaking clients, such as avoiding clarifications, guessing the meaning of unknown words or phrases, pretending to comprehend, and feeling more comfortable with non-native clients. Avoiding clarification and pretending to know were not mentioned in previous studies. The participants talked about seeking affirmation and attention from their English-speaking clients, which could be potentially hazardous to the client and is worth contemplating and exploring further. A systematic review of the work of international students or bilingual therapists who have language-related issues seems advisable, although it might be very difficult to separate the efficacy of language-related issues and the efficacy of the therapy in general.

6.3.5

Half of the participants were hesitant about the universality of their problems. The successful outcome of their problems was born out of good reflection. A personal reflection on isolation and loneliness might help bilingual therapists and can be integrated into the mandatory personal therapy of bilingual students of counselling/psychotherapy courses.

6.3.6

Some participants talked about sharing their concerns about their language proficiency with their clients as a form of self-disclosure. There are some questions about the therapeutic effects

of such disclosures, which could become the subject of further studies (see Chapters 4 and 5). Three participants talked about the use of their colleague either directly to help with their language shortcomings or indirectly as a role model. It could be worthwhile to consider the use of self-help groups for non-native English-speaking therapists to boost their confidence and to get help from their colleagues.

6.3.7

Some of the participants described the acceptance of their language limitations as a turning point in dealing with their language-related problems. This has not been reflected in previous studies. They discussed learning to live with their anxiety rather than fighting it. One of the participants described this in a beautiful way. '*I can do it, yeah, there is a butterfly in my tummy, but that's okay. I can do it!*' (Chapter 4; Table 4.19).

Existential therapy is one of the approaches that does not consider anxiety a pathology and encourages people to face it and use it constructively. Ideas of existential therapy can be used and integrated into many courses. It is worthwhile to consider the usefulness of the application of some of the ideas of existential therapy, such as living with paradox and anxiety for such counsellors. These ideas could be integrated into any curriculum or presented in the form of workshops or CPDs.

6.3.8

One of the participants was a CBT counsellor. He believed that the standard handouts that he could give to his clients have helped him in dealing more effectively with his language-related issues. Although CBT is essentially different from many other therapies that rely more on open conversations, the use of handouts, at least for a certain time, is something to think of, if possible.

6.4 Reflections on Limitations of This Study

This research, despite offering some valuable insight into the field, has limitations, which will be explored below. It is important to note that some of the limitations are just regarding the use of qualitative methods and do not indicate any error in this research.

6.4.1 Methodology

Although qualitative methods can provide in-depth knowledge of the subjective experience of the participants, there are some questions about the generalisation of the findings and their relevance to the wider society, as the study focuses on a small number of people in a limited geographical area.

6.4.2 Sampling

The narrow criteria for inclusion limited the sampling, so any available participants were used. The sample is skewed towards female participants. Only two out of eight participants were male participants, which reflects the composition of female to male therapists in the UK. For example, BACP had 9,671 members in 2012 of which 8,219 were women and 1,452 were men (Costa & Dewaele, 2012).

The eight participants were from six different nations and languages, and their experiences varied; for example, two were students of a doctorate programme in existential therapy. In the criteria, it was agreed that the therapy background was open. For example, one of the participants was a CBT therapist, and it appeared he experienced fewer problems with language. There are standardised handouts for CBT that could make it a somewhat different method from the openness of an existential therapy session, for example.

6.4.3 Research design

This research suggests several innovative ideas for this area of study; however, after the findings of this research were extracted, it would be quite interesting to design a future research

based on the dyad form of therapist-client to be able to compare the subjective experience of both sides (client and therapist) when facing a limitation of language. This has been recommended for further research, although the practicality of it is questionable. It is likely beyond the scope of a DCPsych research, as it requires twice the time to analyse 16 participants (eight dyads) and has a few recruiting and ethical dilemmas.

6.4.4 Retrospective studies

Although the aim of this research was to gain first-hand experience of the effect of language on psychotherapy from the perspective of the therapist, as all the participants had already come to terms with this problem, this research had to adopt a retrospective format. In other words, participants were remembering their struggles in the past. They have found their way through this. Retrospective studies have their own restrictions, as they rely on the recall of past events, which can be hindered by hindsight bias, although one might argue that recalling the past is not necessarily a negative phenomenon because allowing distance from an event might allow for more thoughtful, reflective meaning.

6.4.5 Double hermeneutics

English is the second language of the researcher, which was learnt as an adult. I have interviewed people using English as a second language, and they also learnt English as adults. Our language limitations might have produced a certain discourse that otherwise might not have existed, although all efforts were made to observe the principles of phenomenological studies, like bracketing out the assumptions (see also Section 3.6).

6.5 Suggestions for Further Studies

6.5.1

Most of the fear of being judged and the anxiety that the participants were experiencing were subjective experiences without any external proof. A dyad study of both client and therapist

experiences could investigate the similarities and discrepancies between the therapist's perception and their clients' experiences of them.

6.5.2

As one of the resources of support, some of the participants pointed to sharing their concerns regarding language with their clients as a part of self-disclosure. It is a new finding and has not been highlighted in previous literature. Again, a client-therapist dyad could help clarify how useful or otherwise the clients find these disclosures.

6.5.3

One of the interesting findings of this research was the therapists' perceived existence of a hierarchy for being accepted in the UK; some languages/cultures might be more welcomed and some less, which could have a meaningful effect on the therapist's sense of belonging. As previously discussed, a sense of belonging plays a key role in the sense of identity as a bilingual therapist. Further research could aim to discover this issue and make it clear what subtle concept is beneath it.

6.5.4

One of the research participants decided to work only in his mother tongue as a counsellor after years of struggle with practising therapy in English. One interesting line of research could be aimed at finding foreign-born bilingual therapists who have given up working as a therapist in English because of anxiety, although recruiting participants for this could prove challenging.

6.5.5

Supervision was mentioned as an essential source of support for the research participants, yet they expected their supervisors to be more familiar with the effect of language and culture in their work. Research into the experience of the supervisors of such therapists could lead to further understanding of this phenomenon from another angle.

6.5.6

Review of literature and the results of this study both suggest the existence of some boundary issues between the bilingual therapists and their mother-tongue clients. An exploration of the nature and meaning of the therapist-client boundaries could be subject of an interesting future study

6.6 Final Words: The Tongue of Intimacy

Rumi, the Persian poet and philosopher (1207–1273), wrote a symbolic poem about language and cultural diversity versus empathy. He spoke about two Turks or two Hindus who might not find kinship despite sharing the same language and ethnic background, while a Turk and a Hindu (two people with completely different languages and cultures) might find closeness.

> *Having the same tongue is kinship and affinity,*
>
> *With those with whom no intimacy exists, a man is in prison.*
>
> *There are many Hindus and Turks with the same tongue,*
>
> *And oh, many a pair of Turks, strangers to each other.*
>
> *Hence the tongue of intimacy is something else,*
>
> *It is better to be of one heart than of one tongue.*
>
> *Without speech, without oath, without register,*
>
> *A hundred thousand interpreters from the heart arise.* (Nasr, 2007, p. 96)

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Appendicses:

Appendix 1:

Demographic and Themes Analysis for All the Research Participants.

Table 4.1.1: Demographic Questionnaire: First Interview

AGE: **36**
SEX: **F**
LANGUAGE(S) SPOKEN: **Polish, English**
YEARS OF EXPERIENCE AS A PSYCHOTHERAPIST OR COUNSELLOR: **7 years**
DEGREE: **PG Diploma in Counselling**
CULTURE AND COUNTRY OF ORIGIN: **Poland**
HOME COUNTRY: **Poland**
AGE OF IMMIGRATION: **26**
REASON FOR IMMIGRATION: **Better Job**
HOW ENGLISH WAS LEARNT: **English school as adult**
PROFESSIONAL SETTING: **Charity and private**
DOMINANT LANGUAGE: **Polish**
FIRST LANGUAGE LEARNT: **Polish**
PERCENTAGE OF SERVICE IN ENGLISH: **80%**

LANGUAGE OF PARENTS: **Polish**
LANGUAGE OF EDUCATION: **Polish, English**
LANGUAGE SPOKEN AT HOME: **Polish**
EXPOSURE TO ENGLISH THROUGH MEDIA OR OTHER WAYS: **Yes**

The first participant (Dyta) responded to an advertisement I left in the office of a colleague. She was a counsellor who had come to the UK ten years before the interview to seek a better job opportunity. She was single, and she was working in both private and charity sectors, mostly with English-speaking clients but also in her mother tongue (Polish). She appeared relaxed and willing to participate. She appeared to have a strong Polish accent. She was speaking slowly, as if she was thinking about each word she was uttering. She clearly discussed her uncomfortable emotional experience and sense of frustration and anger. She had acquired sufficient self-knowledge to accept those limitations and to try to find ways to minimise the effect of them on her clients, like improving her relationship with clients, appreciating non-verbal communication, etc. Except for a few moments in the interview session when she was remembering the challenging time she had experienced when she had just started working as an English-speaking therapist, during which she manifested signs of discomfort, she remained relaxed during the interview. The themes and their corresponding transcripts follow.

Table 4.1.2: First interview.

Emergent Themes	Transcript
Extremely nervous with English native speakers.	When I've been assigned my first English-speaking client, I've been extremely nervous.

Emergent Themes	Transcript
Uncertainty about language perceived by the client; Worries that a different accent and pronunciation lead to confusion in the client;	How my pronunciation is going to be received by the client, whether the way I speak is going to be understandable because sometimes pronunciation is slightly different, and for many people, it causes confusion…how a client is going to react to me speaking language with slightly different pronunciation.
Not being able to understand everything.	To understand everything that the client was saying, especially if the crucial bits and pieces might be said with some sort of affectionate tone very quickly. How I am going to figure out what was the content of that narrative if I don't get it hundred percent?
Recording the session as a coping strategy; Recording the session to be able to focus on the client.	And a very helpful thing in this process was that I was recording my sessions because if I missed something if I was focused on being with the client more than the words that were mentioned in the interview.
Anxiety.	The first, anxiety... the cultural differences of the process to certain extent.
Cultural differences.	Of the culture that was English...I had no knowledge about this whatsoever, so everything I learnt I learnt from her!
Learning about the culture through the client; Asking a lot from the client.	And what she thought me so had to ask about lots of different things sometimes and she was saying about things by...all by herself.

Emergent Themes	Transcript
Mixture of inquiry and client's self-explanation and openness.	A mixture of the enquiry and the mixture of the client being open about lots of different things, I think it created a good combination and we were able to...
Original (prime) fear about language.	But the original fear was about the language.
Having a review session with the client as a coping strategy.	Usually during my work with clients…I have a review session, so we a sort of a structure that we work, then we stop, and we review what we have done.
Having too many structures (obsessive); Getting confirmation from the client about the language.	I have a sort of a structure, some obsession. I call it some obsession and we go through different aspects of how our work has been going, and I'm inviting my clients to say very openly if they've been feeling uncomfortable about something about any aspects.
Clients protective of their bilingual therapists.	They don't want to say they don't want to hurt you, that sort of things, you know, they are quite protective.
Self-criticism rather than real problems.	It's never been any sure, I think it was much more my sort of self-criticism than reality,
Understanding mother-tongue clients more quickly.	With the Polish clients, erm, something enters the picture more quickly.
Quicker non-verbal communication; Slower non-verbal communication with English-speaking clients.	Non-verbal communication so it is much more quicker with things that emerged so slowly in the relationship between the English-speaking client and the Polish-speaking counsellor.

Emergent Themes	Transcript
Identifying reactions more quickly in the mother tongue because of less focus on language.	I can be able to … let say identify some sort of internal reactions much more quickly because focus on language is not as strong as I focus with the English-speaking clients.
Transitory (changing) nature.	It is changing now. It's not as powerful and overtaking as it was in the beginning.
Easier attention to non-verbal communication in mother tongue.	It was easier to pay attention to their non-verbal communication with Polish clients and not that easily with … with English-speaking clients English-speaking clients.
No preoccupation around language; Being one stage higher with clients speaking first language because of the lack of preoccupation around language.	I was much open to non-verbal communication in time, so I must have relax with the language. No, I must have been in a sort of relaxed that… okay you on the way towards working something, it's fine, and then… then I was able to move to stage two with the Polish-speaking clients, I was at this stage two immediately... because there was no preoccupation around the language.
Desire to fully understand client despite their language.	I want to understand the client. I want to fully understand the client.
Less powerful non-verbal reception in English compared to mother tongue.	My non-verbal reception was not as powerful as with my Polish-speaking clients. It is taking a while for me to be relaxed about the language and at the same time increase my non-verbal receptivity.

Emergent Themes	Transcript
Delayed understanding, not misunderstanding in English.	It's only a matter of time and adjustment; it's not like it never happen. Let's say because the language is the problem since ever it is just sort of a delay.
No compliance with terms and conditions by mother-tongue clients.	Anticipation of something bad might happen, so for example, the client might not pay, or they might not cancel; they might not turn out for a session without letting you know.
Boundary issues with mother-tongue clients (with non-native English-speaking clients).	Immigrants are in England coming from Poland, and I think some of these people don't have the sort of … cultural, I would say etiquette about doing certain things that other people would do and even though I have a written contract, and I give them the contract, and I ask them to letting me know about certain things, but sometimes they just don't.
Struggle depending on the client's English fluency.	Sometimes it is a struggle because certain it depends how fluent that person is in English.... If they communicate fluently, doesn't matter, it is just the same as with a English-speaking person.
Nonfluent clients: struggle with language; Delay in communication; Delay in understanding, not misunderstanding.	If there is a struggle with the language, the person is stranded in terms of speaking; it is difficult, and again, it delays things. They happen, but they happen with delays because by the time.
Transitory period; Adjustment happens.	There is an element of getting used to something, to certain extent, it's like you adjusting basically, so it's like that period of time it takes for you to adjust.

Emergent Themes	Transcript
Accepting the limitations; Expanding other channels of communication.	Then, when you know that this is how it is, that it is not going to get any better, that there would be no other sort of language surprise. I say this is how it is, then you can basically expand these other channels of communication.
Delay in therapy.	There is a delay cause it's like, I don't know, when you work with someone, it basically takes time to just fit in.
Delay as a positive thing to help to build trust and safety in client.	I'm absolutely far from saying that delay is a wrong thing because delays were often helped. It allows people to build trust and sometimes arriving a little bit later at the destination or at the place where the person can trust you a little bit more and go and invite you to look at something. They bring us their experience into the counselling room. Sometimes, this delay makes it safer for the clients, slower for them, much more comfortable for them to basically express something.
Frustration; The frustration of facing limitations in communicating with the client; Becoming inpatient and needing to communicate faster.	Sometimes it's frustration.... Non-English-speaking clients, yes, this is what I'm saying. This is frustration, frustrated with the fact that we can't communicate better…. There is an element of frustration! So, there is a sort of impatience as if I wanted to get a bit faster.
Language as a restricting factor to explore the client.	The restriction is there, and the language is restricting my access to the place that I would like to get in order to know how to navigate (laughing).

Emergent Themes	Transcript
Delay in therapy is frustrating.	So, the delay is frustrating, a frustrating experience for me!
Having an English supervisor (Support).	I had an English-speaking supervisor was a solution by itself.
Verifying the recorded session with supervisor; Avoid jumping to conclusions.	A bit of the session with my client and basically played to my supervisor, and she can hear the voice of the client, and she can hear certain things, and she can have her own observation and share them with me. I'm not the only one who is jumping conclusions on the basis of what I heard.
Supervisors miss non-verbal communication.	Except for the non-verbal things that she cannot basically see, and she can or he could comment about something.
Misunderstanding complex language structures like idioms; Avoiding clarification of unknown words.	An idiomatic expression she used...that meant something very specific and I gathered as just very visually described as she said it without any awareness of that expression…. I feel I still don't know. I've never come back to that I never talk to this client about this retrospectively.
Delayed understanding, rather than misunderstanding.	But the good thing obviously at the end of this process was that we got there any way…. It was just a delayed process for me to understand the client.
Frustration.	Having a native level of understanding of could have given me a completely different understanding of what she said. If I was an English native speaker, I could have known that idiomatic expression, and I could have understood what she tried to say.
Noticing the importance of non-verbal communication.	To notice what is happening on the non-verbal level. I think this is really number one…

Emergent Themes	Transcript
Noticing things other than words in therapy.	I know obviously, there is a spoken language there is a visual presentation of the person. There are other different things that you notice when you talk to the person. You remember afterward when they leave the room that I never have really experienced.
Importance of being with the client.	The impact of another person in an understanding way.
Non-verbal importance.	It made it explicit to me how important it is to pay attention to the non-verbal level.
Distinguishing self-issues from the client's issues.	I became much more aware of what is mine and what could be of the another person, and in the past, this was a non-existent.
Awareness of importance of boundaries.	The biggest learning is about personal boundaries how important personal boundaries are, how important they are in different processes...in psychotherapy works…. I think the big learning is about the boundaries.
Increased self-confidence.	A big impact on the self-confidence in general.
Reduction in anxiety over time.	I think there is less anxiety than in the beginning, and there is much more sort of relaxed expectations of what could happen.
Uncertainty about the effect of language; Language as a factor among other factors.	I'm not really 100% certain whether the anxiety was there because of the language or because of the process in general. I don't know! I can't say 100% it was because of the fact that someone was a foreigner or an English-speaking client, or was it because it was a new experience for me to do all of this in general? It is hard to say.

Emergent Themes	Transcript
Language or uncertainty about therapy in general.	It was much in connection with the language, but sometimes it was just my own uncertainty about what am I going to do... lack of experience basically and anxiety connected with that (laughing), I guess.
Lack of experience; Wrong assumption that a mother-tongue therapist is the best choice.	Very often people speaking certain language as their mother tongue, they choose the therapist representing the same mother tongue…. There must be some sort of assumption anxiety fear…to think and assume this is a better choice, but it is not necessarily the truth…. I had two therapists. My first therapist was a Polish-speaking lady, and my second therapist was an English-speaking man, and I must say that I've done much more with the English-speaking man.
Importance of mutual trusting therapeutic relationship; If there is a trusting relationship, therapy in any language is the same.	I'm trying to say is that the language could be a problem in the beginning but actually if you trust the person that you are working with if they manage to build a trusting psychotherapeutic relationship with you as a client and the other way round, if I as a therapist can build a trusting relationship with my client it doesn't matter what language they speak we will get to the heart of the matter. Because trust makes this heart of the matter open up become available for exploration. If this is not there, it will not happen. It will be just scratching the surface. It would be just moving and dealing with some superficial stuff…. The lack of trust is not going to let me to go any deeper.
Language as a temporal problem.	The language is a problem. It's a problem in just the beginning.

Emergent Themes	Transcript
Angry about lack of official support or training for bilingual therapists.	(In response to support): No, nothing! There was nothing! Q: No training no supervision? A: (Angry) no, nothing. I have a few books…. I have in a sort of storage space at home. I've been saving bits and pieces about language and psychotherapy for just my only interest.
The importance of expressing yourself rather than using words.	The way people express themselves, so it's not that much about the language, the linguistic bit than the English, Polish, Iranian, or French and Spanish, not that, but how you express yourself, so how you talk, how you use words to give examples, how you imagine things, and describe them. This was my much more focus I was much more interested in that!
Universality of messages behind languages; Language as a code.	Because it was much more corresponds with the mental map of what is inside my clients' head. Or psyche and the language, now I'm talking about the country of origin language, the mother tongue, is just like it's the code, but the, but the, behind the code, there is something that is universal.
Overcoming language problems by trusting relationships.	The language is not a problem as long as you are able to establish a trusting relationship.

Emergent Themes	Transcript
Need for training to warn about the limiting effect of the second language in therapy; Giving information (confidence?) about the transitory state of the problem.	It would be important to, erm, say something about how working in the language that is not your mother tongue could affect the way you work in many ways…. I think being aware of that sort of transitory state, and how, for example, limiting it could be for the process for a certain period of time, I think being aware of that could be important.
Risk of giving up working with certain clients (discrimination?)	Not giving up because of the anxiety. You're going to learn this. I think the risk in this process is that you can give up, because at some point.
Need for training to increase awareness about the difficulties of working in the second language beforehand.	It would be a very good idea to have, erm, some sort of training for people who work as counsellors using English language. It would be very good, perhaps some sort of training, basically to build their awareness, how different it could be for a certain period of time and how other things could be important throughout that transitory period of time.
Need for increased awareness of the commonality of the language problems.	They would be able to know, okay, this is what I am about to expect from this process. This is what might happen because it is very likely. It will happen because it happened to whatever 900 people who have been working as foreign speaking counsellors.
Need to know the opinion of the clients about having a therapist who speaks English as a second language.	It would be interesting also to see how clients perceive counsellors who speak in a language that is not their mother tongue, cause it could be just an interesting just a comparison on the other side!

Table 4.1.3: Demographic questionnaire: Second interview.

AGE: **36**
SEX: **F**
LANGUAGE(S) SPOKEN: **Romanian, English**
YEARS OF EXPERIENCE AS A PSYCHOTHERAPIST OR COUNSELLOR: **Five**
DEGREE: **PG Diploma**
CULTURE AND COUNTRY OF ORIGIN: **Romania**
HOME COUNTRY: **Romania**
AGE OF IMMIGRATION: **28**
REASON FOR IMMIGRATION: **Family reunion**
HOW ENGLISH WAS LEARNT: **Language school as adult**
PROFESSIONAL SETTING: **NHS**
DOMINANT LANGUAGE: **Romanian and English equally**
FIRST LANGUAGE LEARNT: **Romanian**
PERCENTAGE OF SERVICE IN ENGLISH: **90%**
LANGUAGE OF PARENTS: **Romanian**
LANGUAGE OF EDUCATION: **Romanian, English**
LANGUAGE SPOKEN AT HOME: **Romanian**
EXPOSURE TO ENGLISH THROUGH MEDIA OR OTHER WAYS: **Yes**

Merry is a Romanian bilingual counsellor who was working part-time for NHS. She had come to the UK eight years ago to join her husband. Merry appeared very uncomfortable to me in the session. I

asked her whether she was okay to continue and willing to start. She confirmed that she was okay and willing to proceed. She spoke quickly and became somewhat emotional regarding my questions about working in English. In response to my first specific question about working in English with native-speaking clients, she insisted that language had never been an issue for her, although she was the only participant who had received a client complaint regarding her language proficiency. She was the only participant who said that she had no dominant language and that her proficiency in Romanian and English are the same. However, she talked about her struggle in practising therapy in English in response to my later questioning. For example, in response to a question about asking clarifying questions regarding language from native English-speaking clients, she said: '*I wanted to do more than I normally do to prove myself, and asking questions may seem you don't know what you're doing'.*

Towards the end of the interview, she seemed somewhat exhausted. When we finished the session, I gave her space to reflect on the interview. She questioned the researcher intentions and added that immigrants are already faced with enough obstacles in the UK and that she thought my intention was to prove immigrant therapists do not have the credibility to work here because of their language barriers. The suggested themes based on her interview and the relevant transcripts follow.

Table 4.1.4: Second interview.

Emergent Themes	Transcript
English people do not understand themselves and need to clarify what they mean.	A lot of English people don't understand themselves they have to clarify what they mean.
Feeling comfortable to ask clarifying questions.	I felt quite comfortable to ask for clarification; when I wasn't sure about some words, I would ask to clarify what they mean by using those words.

Emergent Themes	Transcript
Not feeling confident to ask questions; Struggling to adjust.	I couldn't ask as often…because I didn't feel comfortable to keep clarifying things, especially maybe if I felt the meaning of those words were not that important, so it was a bit of a struggle to … to … to adjust.
To do more than normal to prove the therapist's self to others; Fear of judgement (contradictory responses).	When I started a new job, I wanted to maybe to go over, to do more than I normally do… to prove myself, and asking questions may seem you don't know what you are doing. Now I'm quite comfortable to ask for clarification if I'm not sure!
Struggle with language depends on clients.	It really depends on the client you're talking with.
No difference in doing therapy in different languages.	I'm not really realising what language I am talking.
Emotion similar in any language; Emotions related to a person rather than language; Feeling drained because of content, not language.	I think I would have similar emotions in any language any language I talk! Depending on the person who is in front of you, sometimes you feel drained, emotionally drained after the session or after meeting with a client, but it's not because of the language, it is because of the content they bring, in the … in the room.
Writing instead of voice message because of feeling too anxious; Speaking too fast.	The most difficult for me was to leave messages for the clients, so I had to write down instead of to read them because I was too anxious, and I was told yesterday that still, I tend to talk too fast!
Some clients have difficulty in perceiving the therapist's English.	Then, sometimes some people don't understand me.

Emergent Themes	Transcript
Need for editing written English; Learning English simultaneously with working.	I was writing reports, for example, I had to go for the correction. I wasn't offended about that, so I learnt English in the meantime.
Colleague's encouragement to ask for language clarification; No need to pretend about unknown words in English.	One of my managers had a partner from another country, Bulgaria, and he understood what my struggles and helped me a lot and made me very comfortable to ask for clarification, so I don't have to pretend I know when I'm not sure really.
Need to clarify in English because of specific word's usage.	My British colleagues…they had to clarify they speak the same language…same words depending on the training have different meanings for other professionals.
Feeling like the therapist had a learning disability.	My client group was learning disabilities. I felt we were not much different (laughing). We had basic English both of us.
Worries about English written reports.	I was more worried about the carers, how they may read my reports rather than the direct interaction with the clients at the time.
One official complaint related to lack of proficiency in English.	One of my clients complained … client complained in that complaint letter was something about not being impressed with my English.
Client's struggle with the therapist's accent; Open to clients' request for repeating words.	People still struggle with my accent.... I won't be offended if anyone would ask me to repeat and I feel comfortable to ask people to repeat.

Emergent Themes	Transcript
Language not an issue if the client is psychologically minded.	I see people from other nationalities so every day at work were clients, and if they are able to express themselves... if they are psychologically minded, I think we can work together.
Difficulty with English idioms.	I struggled with some idioms sayings, the idiom is important.
Open to language corrections.	My language is a wrong order of words and by, you know I felt, people were laughing but in a friendly way, like didn't feel patronise when they were correcting my English because I always admitted I needed help.
Using the Internet for language problems.	Or I Google it. That's what I do.
The need for familiarity with idioms used by client.	I think it's important to, to use clients' words…to have a good understanding of what they say, not synonyms, so if 'pulling our teeth' or 'taking blood of the stone', I heard, I should use those words, not my translation of them.
Online resources as the best solution to language problems.	Googling was more than enough with all translations and where word originated from.
Full engagement with the second language takes a long time.	About language, yes, I … it took me five years to be able to laugh at jokes, TV programme with ITV, those programmes channels, I had to understand the context.
More comfortable in English.	I'm more comfortable in this language.
Changing phenomena.	I think in English so that is the change (laughing).

Emergent Themes	Transcript
Therapy in mother tongue is different from the second language.	It was different.
Very comfortable in mother tongue.	I felt very comfortable in my language of course.
Personal maturity; Better understanding of people; Relationship more important than language; Feeling comfortable with self; Language is not the main issue.	I think now I'm more mature, and I have a better understanding of people with my current experience, and I think the relationship is more important than the language you use, or so I'm more comfortable with myself now than I was 10 years ago or 13 years ago, when I was qualified. That's the difference; I don't think that the language is the main?
Fear of working in mother tongue.	I was very frightening, really work in the community mental health team.
Fear of judgement by the mother-tongue clients.	Q. And it was frightening for you to work...with Romanian? P. Eh, yeah (inpatient). Q. In your own language? P. Yes, because I wasn't. I didn't know what to expect. I had psychotic clients, and I wasn't sure how they would receive me as someone was speaking their language, and I was surprised to see how happy they were to see someone who speaks their language!
No disadvantages of being a bilingual therapist.	It can be only advantages.

Emergent Themes	Transcript
Advantages of being bilingual therapist: 1- Having more dimensions, 2- Having more meanings, 3- Better understanding, 4- More clients, 5- More to offer.	It gives more dimension, more meaning, better understanding. I think it can only help to know more languages.... You have more options…. You can address special client groups other people can't, the way you can, you have more to offer I think.
Good understanding of the culture of the mother-tongue clients.	Q. Hmm, can you explain more this part 'more to offer'? P. (Sighing) You have a good understanding of people's culture. where they come from.
More empathy with mother-tongue clients; Better relationship with mother-tongue clients because of similarities; Better trust from mother-tongue clients because of the same language.	They could relate to me better. Because they felt I was on their side, although they didn't know me. They just liked me, and they felt they could trust me because they knew I spoke the same language.
Racism from native English-speaking clients; Feeling uncomfortable because of being judged.	I think it depends how critical I felt they were. If I felt they were a bit racist, like feel judged by that, I didn't feel very comfortable.

Emergent Themes	Transcript
Feeling uncomfortable because of being evaluated.	Who would feel comfortable if he feel evaluated or as a therapist?
Changing (transient) phenomena.	Now it's different. I feel... I don't have a problem with... I can make myself... I was told so many times, that people can understand me, and they can read my reports are clear enough now, so I feel confident that I can do a job as good as everyone else.
Happy overcoming the language difficulties.	I was the only immigrant there. We finished six people the course, and yeah, I was the only one for whom English was the second language. I got the lowest marks, but I was happy I could finish because they were other English people were not able to finish the course. We started with nine; we finished six. I know with hard work, you can compensate and … and overcome so you … you can get a good understanding of English.
Problem with street words and slang.	Most of struggles were with words that I couldn't find in dictionaries. That the street language.
Lack of shared cultural experiences.	All references to culture that I wasn't part of, I didn't know stories they talk about, as things as children they laugh at, or sweets they were eating!
Her son helps with catching up with culture.	Now with my son, I'm catching up with the stories. I feel I understand better.

Emergent Themes	Transcript
No necessity for a special support for a bilingual therapist. Language proficiency is necessary, and there is no need for special care.	No, I don't think it is necessary. I come here; I'm expecting to know English. If I want a job or high-paid job or qualified job, I have to meet the criteria. I don't think anyone has to meet my needs. I mean I think I have to make the effort to be as good as anyone else here. Anyone hasn't a duty to care for me in a special way.
Language is not a major issue.	I don't think the language is the main problem.
Fear of negative judgement towards immigrants.	I think the attitude towards immigrants or towards, that would be probably be my continuing my struggle working with English people.
The negative attitude towards Romanians and Bulgarians as a number one enemy to Britons; Concern about presumptions.	How they see me knowing that I am from Romania that is huge. Debates now in newspapers. They are worried we are going to come, to invade UK from next months because there would be less restrictions from my people here, so I, that has to do with my particular situation, Romanians and Bulgarians. We are number one enemy now. We are going to take British jobs. So is, that's my world. People see me as a person that takes their jobs. Take their resources. I'm not worried about the relationship with clients as much, but the label people will give me before get to know me as another person.
Better client's pool as a bilingual.	I think, on the long run, it would be an advantage knowing two languages. You can caught there for other groups. The client groups that they, I be, can be more specific. I can provide counselling for Romanian community, so more work hopefully will come.

Emergent Themes	Transcript
There is no difference in doing therapy in different languages.	I can't see the difference really. Our client groups are all nationalities really, so does it matter that you are English or born abroad or you dream in English when you speak to someone whose first language is not English.
English is sometimes better to convey a written message.	There were some words… I don't know how to say them in Romanian when I wrote a note to one of them. When I sent a letter, half of the message was in English, half of that in Romanian. I couldn't translate some institutions or some it was complicated, and I left it in English cause it is, it takes too many words to say that in Romanian. It is not concise, yeah, somethings are sometimes better in English.

Table 4.1.5: Demographic questionnaire: Third interview.

AGE: **32**
SEX: **F**
LANGUAGE(S) SPOKEN: **Polish, English**
YEARS OF EXPERIENCE AS A PSYCHOTHERAPIST OR COUNSELLOR: **8 years**
DEGREE: **PG Diploma**
CULTURE AND COUNTRY OF ORIGIN: **Poland**
HOME COUNTRY: **Poland**
AGE OF IMMIGRATION: **22**
REASON FOR IMMIGRATION: **Financial**
HOW ENGLISH WAS LEARNT: **As an adult in English courses**
PROFESSIONAL SETTING: **NHS**
DOMINANT LANGUAGE: **Polish**
FIRST LANGUAGE LEARNT: **Polish**
PERCENTAGE OF SERVICE IN ENGLISH: **90%**
LANGUAGE OF PARENTS: **Polish**
LANGUAGE OF EDUCATION: **Polish, English**
LANGUAGE SPOKEN AT HOME: **Polish**
EXPOSURE TO ENGLISH THROUGH MEDIA OR OTHER WAYS: **Yes**

Berta was a counselling psychologist working for the NHS at the time of the interview. She came to the UK 10 years before the interview to seek a better job opportunity. She started in the UK as a waitress

and slowly found her way to accomplish her degree in the UK and became a counsellor at NHS. During the interview, I had to repeat a few questions because she seemed to misunderstand them. She appeared to be a bit uncomfortable during the interview, and when we finished, she asserted that talking about the problems she had faced in practising therapy in English was an emotionally uncomfortable experience for her. She was interested in the universality of her problems and was enthusiastic to know whether it was just her who had these issues or whether there were more people out there with the same sort of problems. The table of her interview themes and the relevant transcript follow.

Table 4.1.6: Third Interview.

Emergent Themes	Transcript
Transient: changing with language proficiency.	My experience...was changing with the with the proficiency of my language.
Feeling stronger as a therapist with more proficiency in English.	The stronger I felt about the language... the stronger I felt as a therapist.
Exploring non-verbal cues with native English speakers; Relying on language with mother-tongue clients; Relying on facial expressions with English-speaking clients; Working over the phone is harder than face to face.	I pick up a lot of cues from people, so, for example, if you eh... If I was to do with therapy with the Polish speaker, I would focus on language more, whilst doing therapy with the English-speaking person, then I'm observing a lot of things around the language... Q: Like? A: Like their face, how they speak, not what they say, but actually what I see... More than the words itself.... That's why, for example, I find doing therapy over the phone extremely difficult...because you cannot see, let's say, the basic stuff, the thing you know that speak out louder than the words.

Emergent Themes	Transcript
Non-verbal cues more important than words; Non-verbal cues enable the therapeutic relationship.	Non-verbal communications and obviously you can hear if someone is crying... or if she's emotional or not...but still...enables the relationship I mean the therapeutic relationship.
Non-verbal cues.	It is not the matter of words sometimes and more about the rest.... You know non-verbal cues.
Feeling non-competent; Blocked from inside.	It made me feel like non-competent. I was kind of blocking myself within inside.
Feeling weak to do therapy because of language.	I didn't feel strong enough to be their therapist in the first place.
Fear to ask for clarification.	I was scared to ask what they meant by what they said, and I was trying to go round asking again… missing the words and...and…
Shift of focus from client to the therapist.	Because I was so not sure about my language, I wasn't focusing on them, rather I was focusing on what I was actually asking them ... what i'm doing with myself so the focus was shifted from them to myself ... because I wasn't, lets say, doing the job.
Good relationship is a prerequisite for language clarification questioning.	What I was doing at that time, first of all, I try to build a very good relationship with the person, so … so I feel confident to ask them any question in any format.
Blocked from inside; Not confident because of language.	Not feeling confident about my language was blocking me from doing a good job.

Emergent Themes	Transcript
Asked client to speak slowly and to repeat sentences as a solution.	I was asking them to repeat questions…to say things slowly.
Painful experience; Self-blame for not being fluent in English.	But deep inside, it made me feel very painful. You know, it did hurt because I had to ask questions, like whereas I should be already fluent.
More sophistication in clients' language equal to more mental blockage.	So, the more posh English they used... the more it was difficult for me to have a good therapy because it did block me inside.
Self-confidence problem.	And it just make me feel very not confident.
Shame for not being up to the standard language-wise.	Shame that I'm not up to their standard language.
Guilt of potentially hurting the client.	Guilt that I should provide something that I'm not doing, you know, guilty of, you know, hurting them rather than...
Angry with self when comparing with English-speaking colleagues.	I felt guilty angry with myself that I can't be up there, you know, just do the job like English-speaking person.
Frustration.	Frustrated that, again, I want but I can't.
Dilemma of wanting to help and not being able to do so.	This inner dilemma wanting to help and … and not being able.
Lack of language proficiency is equal to being a bad therapist.	I strongly believed that, because I don't speak perfect English, I can't do good therapist.

Emergent Themes	Transcript
Language as the major issue.	English...the language was a major thing, major issue.
Language as a problem forever.	It's significant definitely, and it will be I think for ever because … because it is not my language.
Pride to be able to work in two languages.	On the other side, you know, it also brought happiness that I can do it in the other language.... I always tried to think about ... how many English people can provide therapy in French? Or in Polish? This kind of stuff!
Longing for an unachievable standard.	I'm longing for a standard that is not achievable to be honest (laughs).
Missing clients because of internal blockage.	I'm sure I did … I did not … I did not hear what they saying…. I did not see everything because I was I was blocked inside.
Two different professional self-perception in two languages.	There is not ability to be who I want to be … not to be able to provide in English as much as I could in Polish....
Clients' words are unheard.	I'm pretty sure I haven't heard everything I should.
Shift the focus from client to the therapist.	I focus on my own part instead of what they wanted and needed attention.
Blockage because of client's language proficiency and accent (with the non-native English-speaking client).	I know at the time I was blocked by the level of the language they were using and the accent I couldn't follow.

Emergent Themes	Transcript
Feeling equal with the non-native English-speaking clients; No fear of making language mistakes with non-native speakers.	It is easier because, obviously, sometimes they got accent…. You feel on the same level and even if you make a mistake or you know you're not scared to rephrase it because they are as fluent as you are.
No fear of judgement with non-native speakers (with non-native English speakers); Less judgemental about self.	So, you are not be judged, where is, in the other case, I'm afraid. I'm scared of judgement.
Giving more credit to self; Being more cheerful.	I'm less Judgemental towards myself. I give myself more credits and more cheerful.
Therapy takes longer but is more productive.	Might take longer obviously because you don't know the level of that person's English, but it is more productive, I feel.
Different experience.	It is different.
No blockage in mind (mother tongue).	This blockage is gone in comparison with English, you know, compare to native speaker.
Mutual cultural understanding.	This cultural thing that you have within your culture, you don't have to even say things, and you have a kind of understand, so it is even easier to do it in my own language.
Things that you know in mother tongue without need for explaining.	We've got the little phrases that doesn't have to be explained, you just know what the person means.

Emergent Themes	Transcript
Boundary problems with mother-tongue clients.	I feel my boundaries starts to collapse to certain extent.
Ease of being on the same level with the mother-tongue clients.	On one side, obviously this ease that you are, let's say, on the same level with the person because you speak the same language.
Closer to your heart (in mother tongue).	You are dealing with the problems that are closer to your heart because they are one of you.
Problem with keeping the boundaries (with same language clients).	To have those boundaries up and keep them intact.
No formal training or support for working in the second language.	The only difference between me and the English-speaking therapists was … was if I was to take exam, I had a little bit longer, you know, to work on the answers, which I never took as an option, but no any special training. No.
Acknowledgement of the problems with language the participant had to endure.	I think, for me, knowing that these are the problems that I might face, it would be…an advantage. Knowing that, you know, (very sad voice) all these years I go through feeling down because of the language barriers...yeah.
Using colleagues as support; Looking at the other colleagues to motivate self.	I think my colleagues may be, you know, most often my colleagues are also foreigners, people whom English is not their first language. I kind of motivate myself.
Self-encouragement as a solution.	I used to basically encouraging myself, motivating myself. Could be the first bit...

Emergent Themes	Transcript
Help from a colleague or a friend regarding talking about problems.	The most useful strategy..., cheap as well and the most effective, is even having a good colleague and friend or just a friend who is not necessarily in the field of, you know, psychotherapy, lets say, that you can actually tell your problems about, so you can kind of have a good talk.
Doubts about the commonality of the problem.	Is that a common thing? Is it just only me? Is it going to last forever? Is there anything that can be done towards it?
Self-help group.	If there are more than me who experience emotions like that or to have maybe a group of let's, let's say, a AA group where they kind of do self-help (laughing). Yeah, I think that could be a solution. Knowing that there are other people like me, I think it would help a lot.
Problem is self-confidence; Lower self-confidence as a counsellor because of language ability.	Every single problem I have experienced with my language is about the confidence, ... and my confidence was lower because my language ability was smaller.
Self-confidence in language can change duality in self in therapist and quality of service.	I think it would change duality of myself and the quality of service I provide hundred per cent dramatically.
Confidence is shifted because of language abilities.	When you are not aware of how your confidence is shifted when you don't have that language abilities to the standard that you want.

Emergent Themes	Transcript
Low self-esteem because of language leads to lower quality of service.	Your self-esteem goes down and very often the quality of the service.
Being more sensitive to non-verbal cues.	Because it's not my first language, I'm very good at picking other stuff, non-verbal language cues, that are so important in communication with people. I'm very sensitive to these things, and... and possibly I can see them more quickly than someone else.
More expanded target group of clients.	I can see people from England and other nationalities, and I think other nationalities are vast, a bulk of clients in this country.
Immigrants prefer to work with immigrant therapists because they understand them better.	They might feel more confident with me. I think because we are coming from abroad, and I am aware of what they go through, and English person might not be offering that.
Relying on other cues than words; Observing face and body languages in therapy.	I trained myself to rely on not language only but on other cues… to observe face very closely and body…. If you're lacking verbal skills, you need to catch up with other stuff, like when you cannot hear, obviously, you're looking for more things.
Self-esteem dependent on the language proficiency of client.	If you got a client…their English is …very strong then your self-esteem goes down, although I may not show it.
Low self-esteem and scared around some English people.	The language which is been created to… to… to rule the world and sometimes scare people. Yes, I feel like that around some English people, you know, that strike my self-esteem a lot, and my skills as a therapist was down.

Emergent Themes	Transcript
Power of language reduces because of self-awareness.	The power of language is not affecting ... less than it used to because I am aware of it.
Increased self-knowledge: 1- Being around different people, 2- Doing different jobs.	I've been doing a lot of jobs through my life. I used to be a wholistic massage therapist. I was around people always, all these different jobs help me to grow to a different person.
Self-growth by: 1- Facing challenges, 2- Pushing back challenges.	How did I grow? I don't know! Pushing back all the challenging all the challenges and facing them…. Every job that I applied for, I never feel competent, and every time I work, and I go beyond other people.
Realising that concerns about English-speaking clients were just assumptions without proof.	To understand that all of those things were happening in my head. There is no actually a proof of what I believed is true. That is how I that is, how I actually become a stronger person and a better therapist, I think.
Better listening as an important element of counselling.	Being foreigner means you have to listen very well. That's the very important bit that I missed that is a very big thing in my work. You have to listen a lot to understand.
Importance of the relationship with the client over words.	Finally, realise that there is not much about the words any more in your relationship with people…. It is about more than language, you know, more than words that can be very powerful…. Words are just 10 or 20% maximum!

Table 4.1.7: Demographic questionnaire: Fourth interview.

AGE: **31**
SEX: **F**
LANGUAGE(S) SPOKEN: **Greek, English**
YEARS OF EXPERIENCE AS A PSYCHOTHERAPIST OR COUNSELLOR: **5**
DEGREE: **Student of Doctoral Programme in Counselling Psychology**
CULTURE AND COUNTRY OF ORIGIN: **Greece**
HOME COUNTRY: **Greece**
AGE OF IMMIGRATION: **26**
REASON FOR IMMIGRATION: **Studying**
HOW ENGLISH WAS LEARNT: **As an adult in Greece**
PROFESSIONAL SETTING: **Charity**
DOMINANT LANGUAGE: **Greek**
FIRST LANGUAGE LEARNT: **Greek**
PERCENTAGE OF SERVICE IN ENGLISH: **70%**
LANGUAGE OF PARENTS: **Greek**
LANGUAGE OF EDUCATION: **Greek, English**
LANGUAGE SPOKEN AT HOME: **Greek**
EXPOSURE TO ENGLISH THROUGH MEDIA OR OTHER WAYS: **Yes**

The fourth interview was with a counselling psychology doctoral student in London who was originally from Greece. Rita worked as a counsellor in Greece before coming to the UK to study five years before

I interviewed her. At the time of the interview, she was working as a counselling psychologist in both Greek and English. About 70% of her workload was in English and the rest in Greek. Rita seemed excited to share her experience in performing psychotherapy in English as a second language. During the interview, she sometimes appeared sad while remembering the past, but she also expressed a sense of pride and happiness in the improvements she made. She talked about trying different solutions to deal with her problems and said that she started to give her clients a pre-warning as part of the initial interview of the possible difficulties they might face regarding the therapist's receptive and perceptive language. She added that working in a second language and her efforts to listen and see better have helped her with her mother-tongue clients as well. She explained that she has become more explorative and tried not to take anything for granted, even if it seemed clear at first.

Table 4.1.8: Fourth interview.

Emergent Theme	Transcript
Anxiety before meeting native English-speaking clients.	I have to admit that, in the beginning, it was very anxious.... I remember the first times that I started working here that I had this anxiety before meeting my first English native clients.
Concern about client's judgement for: 1. Language fluency, 2. Accent, 3. Accuracy.	I was thinking, how are they going to to feel about having a therapist that does not speak English as fluently? And its not my native language, so, for sure, it shows that I have a different accent I have; maybe I am not so, you know, fluent in finding the exact words.
Feeling anxious with native English-speaking clients.	In the beginning was very, very… I was feeling quite anxious.

Emergent Theme	Transcript
Feeling of incompetency because of language barrier.	I had a sense of whether I am going to, you know, something like feeling that I might be incompetent in how I could be as a therapist ... be as perfect as I thought it would be, if I could speaking in my own native language.
Feeling worried.	That I would … I would not be as good as a therapist because I am for sure it's … talking therapy, so speech and language is something quite important that …, so I was very worried.
Decrease in the effect of language by time; Less correlation between language and competency by time; Feeling incompetent regarding language depends on the type of the clients and their reaction.	Erm, slowly as I started doing it, and slowly being more comfortable about myself, I starting feeling that, for sure, it played a role, but it's not that a tremendous role, as I believe in the beginning, it's not something that made me feel less a therapist, and I also depended on the client. There was some clients, with them, I felt a little bit more uncomfortable, and there were other clients that made me feel very comfortable, and I could see the native language was not a problem.
Therapy can happen despite language difficulties.	Slowly, I started feeling that eh therapy can happen.
Relationship with the client is more important than language.	It's up to the two person that they engage, and it's not so much about finding the perfect word or having the best accent, or it's about having the relationship between me and my client.

Emergent Theme	Transcript
Advance warning to the client about the language barrier as a coping strategy.	I made it clear from the beginning that I am not a native speaker, and I opened it up to the client, so it was not, you know, the elephant in the room, and I was … I wanted the client also to be aware … that I might make some mistakes. I might not understand everything, and I might ask some questions like: 'What do you mean by that?'.
Less discomfort after advanced warning to the client about the possible language problems.	By saying that I felt a little bit more comfortable in my way of …being…as a therapist, eh, yeah, it was … it was quite difficult in the beginning.
Fear of being judged by the client because of language; Client sees therapist as less competent because of not being a native English speaker.	I could sense that some clients might feel that, em, they don't have an as competent therapist…as…they would wish to come and …(sad) ...cause I was not a native speaker…I could sense that they were a bit, also you are not from England and so you don't speak English that fluently …and I sensed from ..some, just a few not many, clients was em…was a very little … they had some doubts about my competency and about my quality of service because of, of not speaking English as my native language.

Emergent Theme	Transcript
Prior contact with the foreign specialists leads to being less judgemental about therapist; Clients who are used to foreign specialists are more comfortable in therapy and less judgemental about language.	I mean, here in London, there are so many cultures everywhere, wherever you go, either to the doctor or to the supermarket, you can see people from all kinds of cultures and countries, so most of the people did not judge me from the fact that I was not a native speaker, and they didn't make it an issue, and they were comfortable and very happy to be with me, and if something I could not understand, they were very happy to explain it.
Client's assumption that lack of language proficiency is equal to lack of competency as a therapist.	Pre-assumption that the fact that I am not fluent in English meant that I would not be an as good therapist as they wish me to be.
Anxiety as the main emotional experience; A sense of incompetency and shyness; A transient phenomenon, anxiety reduces by time.	It was mainly this anxiety and worry that I had that, yeah, so it's anxious really … this sense of sometimes incompetence that I am not as good, and I felt a bit shy, em, that I was not the perfect therapist that I would like me to be, so basically those, eh, were the main emotions. And later, gradually, I tended to feel less anxious and less shy.
Concern of the client's judgement; Self-conscious about competency.	I was quite self-conscious in the beginning … how the person experience me. Am I good enough? What is the person going to think about me? Was a lot of, you know, thinking about it and being self-conscious about it and feeling worried about it.

Emergent Theme	Transcript
More experience in English, more comfortable with it.	Gradually, I say, became more and more … experienced working here in the UK. I gradually felt more and more comfortable with it.
Pre-assumption about client's judgement; Concern about being compared to native-speaking therapists; Mostly assumptions rather than evidence-based conclusion.	It started mainly from my own mindset. It started because I myself had this pre-assumption that people might judge me differently, and em if they were to compare with a fluent English speaking, I would, you know, they would think less of me, so it started by my own mindset and my own thoughts, em, em … and sometimes, it was also reaction to the way clients might have reacted, but yea that's a good question…. I think mainly in my mind … mainly my assumption … that I might, you know, I might, you know, I might be judged differently.
Transient phenomena: most of the anxiety is in the past.	I think most of it remains in the past. Most of the anxiety and the worry remains in the past.
Using supervision for language difficulty.	I have worked with it. I have talked about … in my supervision, I have talked about it in my placement at work.
Checking with client.	I have experienced with my client that this is not a huge issue … that it was in my own mind.

Emergent Theme	Transcript
Concerned about language with the new clients.	Of course, every time I start with a new client, there is always some, you know, small voice in my head thinking … ok, new client, you don't know the client. They don't know me …. Maybe this might be a problem for the client….
A need to disclose language problem prior to therapy; Checking the client's non-verbal reactions.	I'm always aware that I might need to open it up, and I might need to discuss with the client in case I see that there is some discomfort, some problems.
Transition to anxiety with less effect on professional life.	I can't say that I am not anxious at all, and it is something that's suddenly totally disappeared, but it's a level of anxiety that I believe it's very, very low now. That doesn't really play a role in my life … you know, in my professional life.
Improvement in relationship with mother-tongue clients because of working in a second language.	I had a very different experience before I came here and a very different experience after I went back to Greece and had this experience with the English clients. So, when I started in in Greece in my own native language, … I took everything, you know, for granted…. Then, when I had the experience here … and then went back to Greece after three years and worked there as well, ... I realised that em … there was something that I was gaining when I was not speaking in my first language.

Emergent Theme	Transcript
New learning extended from second language therapy to mother-tongue therapy: 1- Allocating more time to the client, 2- More phenomenological, 3- Closer to the inner world of the client, 4- Fewer assumptions about the client, 5- Asking questions leads to better understanding of the client, 6- Exploring the personal meaning of the same concept, 7- Slower in response and thinking more.	What I gained here in the UK was the fact that … I was taking more time to understand the client. I was much slower in my responses, and that allowed me to be, lets say, more phenomenological and existential, allowed me to be more in trying to understand how it works out for the client and not taking anything for granted…. I wanted to make sure that I understand the client, made me ask small questions about … how do you mean, that how do you mean, when you use this word, what you mean when you say I am sad, for example, because I wanted to make sure that it's not some cultural difference that, you know, I understand sad as a Greek person may be different from an English person.... I was also much faster in my responses instead of taking some time to think…. I was trying slowly not to take for granted things when I was in Greece, trying to, trying to doubt that I understand everything because I speak the same language. So yeah, there was a great difference after my experience here and then going back to Greece and speaking my native language. I experienced the therapy very different there. I became more aware of language that I wasn't before.

Emergent Theme	Transcript
Coping with unknown and uncertainty as a good outcome of working in the second language.	The gift was that it allowed me to stay more, em, in the unknown, say more in the fact that I cannot be certain for things I have to, to give time to things to ask questions to be more phenomenological. So, this was the gift out of all these anxiety and difficulties.
More relaxed in mother tongue; Relaxed comfortable and at ease with mother tongue; Feeling at home; Feeling too relaxed.	For sure it was much more relaxing, I mean I did not have this worry I didn't have this thought that, oh, I might, something might go wrong, and client might not like it that I am not as fluent, you know. I don't speak this language fluently, so I felt much more relaxed and much more comfortable, and much more at ease, em, being in the therapy room. I felt like, you know, at home, which was at home, yeah, yeah, emotionally, yeah. I don't know … if feeling of relax is good, maybe I felt too relax, but it was … more relaxing, more comfortable.
Working with non-native English speakers, it is harder to understand the clients because of the language barrier.	Working with clients that as well didn't speak in their native language had, I think, two different sides. On one hand, it made the understanding of each other a little bit more difficult because they as well might have a difficulty to find the words.
Having shared experience with language (something in common); More relaxed.	We had something in common, so this made me feel a bit more relaxed…. They as well were coming from another country, so they had the same experience as me.

Emergent Theme	Transcript
Shared difficulties with language.	Definitely, it made me feel a little more relaxed being with clients that they were not as well a fluent English speaker as me. It felt that, yeah, as I said that, ok, we have something in common, and we can work with that, em, yeah.
Less worried about fluency as a mutual understanding. Mutual understanding about language difficulties.	I think it gave the therapy... some sense that we both don't have to worry. They didn't have to worry when they couldn't find the perfect word or when they had some difficulty in explaining themselves, and also I didn't have to worry as much there was a common understanding between us.
Difficulties with some unfamiliar foreign accents.	I had some difficulty sometime when, for example, some people spoke … in an accent that I was not very familiar with.
Creating bad feelings in client about themselves.	I was feeling a bit, I did not want to make them feel bad about themselves by asking all the time: 'What? Sorry, what did you mean, I didn't understand that?'
More efforts from clients to clarify their language; Shared desire to understand.	People tend to feel ok and try as well to … to make themselves clear when they realise that someone else is not as good in English. The main thing was that we both wanted to understand each other.
Higher enthusiasm to understand non-native English speakers.	I really, really showed them that I want to understand them, and I want to … to be there for them to understand everything they have been through.

Emergent Theme	Transcript
Using supervision to discuss anxieties and worries about language difficulties.	I brought the issue first in my supervision… in the university and as well in my supervision I had at the placement, and I brought those anxieties and those worries, and I've discussed it with my supervisor.
Using peer group to deal with language difficulties.	My peer group, em, and that as a very good.
Helpful to know you are not the only one who has those anxieties; Using other bilingual therapists as a role model.	Hearing the experience of other people from my peer group that they might also have the same experience as people that were not speaking English as their native language was very helpful to see that I was not alone in that, that I was not the only person that had all those anxieties. They were other people that they have been through that. They coped with that.
Exploring personal assumptions and preconceptions about language in supervision.	And also discussing it with my private supervisor that, em, where we talked specifically about my own assumptions and my own preconceptions about what language mean, why it is that important for me.

Emergent Theme	Transcript
Feeling imprisoned; Feeling trapped; Unable to express self in the second language; Dilemma in accepting the language limitations.	I remember talking about how I felt imprisoned with, em, it was when I first came here in the UK, and I was talking about how I feel that I am a bit trapped, that I cannot express myself as well as I want to, and this make me feel that I am a bit, you know, em, I have this limitation, and I didn't like this limitation. I felt like in prison, and I know that it's a very huge word to say, but that was how I felt at the moment.
Feel better after talking about language-related concerns in CPD group.	I said those words in my CPD group. It suddenly felt more, you know, just describing it and taking it out and explaining that to people made me feel immediately better, immediately. It's like I took it out of my chest, and ok now I can relax a bit.
Need for approval of language accent and proficiency.	The fact that I had the opinion of other students that they told me that, you know, I made perfect sense, that I don't have this awful accent, that no one understands me, and that they understand me, also I was quite helpful as well.
Pre-warning about potential language difficulties to the client; Being open about language rather than hiding it; Self-conscious about accent.	I said in the beginning was the fact … I brought it in the therapeutic room, and I opened it up with some of my clients instead of hiding and instead of pretending that there is nothing there. I was just being opened about it and explaining to my clients that, you know, I am not from the UK, I come from another country. I am very sorry my accent is not that perfect, or if I don't understand some of your words, and I might ask you to repeat them.

Emergent Theme	Transcript
Second language problems are given; Facing rather than hiding and pretending to know.	I just made it, you know, something that is there. A given and that we have to deal with that the best we can, and that was a solution for me because it made me feel that, ok, I am not hiding. I am not pretending that it's not there. It's there, and it's ok.
It felt liberating to disclose language limitations with client; Less perfectionistic.	It felt very liberating to say that. It felt like, you know, I am a human being, I am not pretending to be perfect or someone that I am not, and I might ask you something, and if that's ok with you, let's go on and try to do our best together.
Learning from the experience: 1. Not taking anything for granted, 2. Challenging self-assumptions, 3. Asking for clarification does not mean one is stupid, 4. Asking for clarification means to try to understand the client better, 5. Trying to learn the personal meaning of certain words.	I have learnt … I should not take, em, words and language for granted even when I talk in my native language. I try to understand the most I could. I try to, yeah, gain the best understanding and not just assume that I understand. It's not just ok, but it's a very positive thing to ask someone what you mean by that. It doesn't mean that I am stupid. It means that I really, really want to understand you, and I want to understand what you mean when you say, 'I feel sad' or 'I feel angry' … I had an argument with my girlfriend. Let's see, what does this mean to you?
Slowing down is good; Uncertainty is good.	It's good to take my time, and its good to wonder about things, not to be certain about things.
Most of the anxieties were the result of pre-assumptions.	I have leant that much of my anxieties and much of my worries is part of my own pre-assumptions.

Emergent Theme	Transcript
Fear of the client's perception; Fear of being judged based on assumption rather than evidence.	Most of my being anxious about how my clients were going to perceive me was not because I had some ... facts or something, that it was there, but it was mostly because I had this pre-assumption that people might judge me negatively because of my lack of fluency.
Exaggerating about the effect of language; Redefining the self-concept of a good therapist; Good therapy is just trying to understand.	Might be me exaggerating something. Being a good therapist does not mean anymore for me to be this perfect human being that … knows everything, understands everything, you know, very fast in understanding, and giving you the answer to whatever you have asked. Being a good therapist is mostly trying to understand, and most of the time is trying to understand someone.
Becoming a role model of being imperfect for the client; Cultural: pressure of society to be perfect.	It's ok if I show to my clients that I am not perfect and that sometimes this makes therapy better because clients, I think, they are so fed up about all those, you know, heroes we have in our world that those perfect things they see in magazines the perfect beings they see in TV and advertisements, and they have this constant pressure to be perfect themselves and being with someone that is not perfect is ok, and that's ok, and its not a big deal, em, gave them as well the permission not to be perfect themselves.

Emergent Theme	Transcript
Feeling incompetent.	In the past, it made me feel a bit incompetent, as I said it made me feel that I am lacking something that I should have, that I am not good enough, so that played a role in how I perceived myself as a therapist.
Coping with imperfect self-image.	It gave its place to … it's ok not to be perfect, and it doesn't mean that I am not you know, I am not a good therapist …. It's ok not to be perfect, so that changed a bit my perception of myself and as a therapist as well. But I took it in my life as well in my everyday life, but it was a lesson for me, em, yeah. Yeah, I think that was the main effect.
Larger pool of clients because of being bilingual.	I speak two languages and it might happen that, even here in the UK, I might have a client that wants to speak Greek, and I can do that, so it's one advantage that I have.
More understanding of the client's problems with language and adaptation.	Another advantage, as I said, is … em … I think I am more aware of the difficulties some clients experience themselves coming to the UK from another country, having to adjust to this new culture, having to learn English or, you know, practice English.

Emergent Theme	Transcript
Client preference for a native speaker therapist is like their other preferences in therapy, like gender and the appearance of the therapist.	Some clients ... they … might not want to be … with a woman as a therapist…. They might not like the fact that I am wearing those kinds of clothes…. Similarly, there are going to be some clients that they don't want their therapist to be a non-native speaker. They feel that they might not be understood as well; they feel that they might not get as much help as they want.
Shift of focus from client to the therapist.	I think there is something you are missing when, as a therapist, you have your own anxieties and your own difficulties in your mind instead of just being there for the client, and I guess that, in the beginning, being anxious and being self-conscious about myself, I might have been not so, em, so keen to ask questions, like: 'What you mean?' when I didn't understood, when I didn't understand something.
Failure to explore the client because of focusing on self; Pretending to know; Failure to explore the client because of being uncomfortable with language; Taking the space of therapy from the client; Anxiety about language effects the therapeutic work.	I might have pretended that I understood something when I didn't, and I just made sense later ... with the other phrases and words being used. Being anxious made me feel … probably resulted in me not being so comfortable in asking when I didn't understand something, and it also occupied some space that its supposed to be dedicated to the client and not me because some of the anxieties occupied some part of my mind instead of being there for the clients.

Emergent Theme	Transcript
Anxiety about the language affects the therapeutic relationship; Supervision to deal with worries over language; Facing the anxiety sooner leads to quicker resolution.	When I am anxious myself and when I have not, em, worked things in my supervision, then this might affect my therapeutic work, and this might affect my relationship with my client, and I am quite aware that I have to go immediately to my supervise … to my supervision, when I face those kinds of anxieties. So, the sooner I resolve them, the better for the client, yeah.
No need for special training for bilingual therapists.	I don't know if to have something specifically dedicated to bilingual therapists.
Need for increased awareness of the supervisors and the universities about the effects of language; The necessity of having a standard frame of reference to address the language issues.	I think that supervisors and universities and wherever therapists are being trained, they should be aware of this kind of issues, and those supervisors and professors and whoever is engaging with therapists or trainees should be aware of that. There should be standards made to address this issue.
The necessity of supervisors' sensitivity to the language issues.	Supervisors should bring up this issue even if the trainee or therapist might not bring it up. I think the supervisor should be aware of it and knowledgeable about it and propose to, you know, to open it up.

Emergent Theme	Transcript
Need for special training for psychology lecturers about language; Feeling isolated.	I think it is important for maybe some lectures to have some training … some work and some studies to be out there for people can go and say: 'What's going on?'. Is this only me or are there other people? How other people deal with it, what solution I can find, oh yeah, definitely, I think it must be out there, and there must be something for people to, you know, to go when they feel they have this problem.
Emphasising on the need of formal support and training for the bilingual therapists.	Here in the UK, most people are coming from different cultures, are mainly bilingual therapists and clients, and it's a good thing to be studied and discussed, and we should be open about it.
Let bilingual therapists know about the opportunities as well as the difficulties.	To see what kind of opportunities they have as bilinguals and even though it's difficult, and even though it's anxiety provoking, they can find some opportunities there as well.
Translation happens because of too much self-consciousness.	When I become more self-aware, self-conscious about me not speaking in my native language, then lots of translations happening because I first find the right word in Greek and then try to find the right word in English, and that takes some time.

Table 4.1.9: Demographic questionnaire: Fifth interview.

AGE: **43**
SEX: **F**
LANGUAGE(S) SPOKEN: **Persian, English**
YEARS OF EXPERIENCE AS A PSYCHOTHERAPIST OR COUNSELLOR: **13 years**
DEGREE: **MA in Psychology, Diploma in Counselling**
CULTURE AND COUNTRY OF ORIGIN: **Iran**
HOME COUNTRY: **Iran**
AGE OF IMMIGRATION: **29**
REASON FOR IMMIGRATION: **Family reunion**
HOW ENGLISH WAS LEARNT: **English courses in Iran and UK**
PROFESSIONAL SETTING: **NHS**
DOMINANT LANGUAGE (SEE ALSO THE SECOND TABLE): **Persian (Farsi)**
FIRST LANGUAGE LEARNT: **Persian**
PERCENTAGE OF SERVICE IN ENGLISH: **Currently 100%**
LANGUAGE OF PARENTS: **Persian**
LANGUAGE OF EDUCATION: **Persian and English**
LANGUAGE SPOKEN AT HOME: **Persian**
EXPOSURE TO ENGLISH THROUGH MEDIA OR OTHER WAYS: **Yes**

Laleh is an Iranian female psychotherapist. She has bachelor's and master's degrees in psychology from Iran. In the Uk, she studied a diploma and another master's in counselling. Originally, she joined her

husband in the UK. At the time of the interview, she had been in the UK for 14 years. She started her counselling career in England in a safer area by working at a Persian counselling service. Gradually, she increased the number of her English-speaking clients. At the time of the interview, she was working as an accredited counsellor and supervisor at NHS where all of her clients were English speakers. At one stage of the interview, when she realised that, even now, occasionally, she makes mistakes in English, she appeared frustrated and yelled angrily: '*For God sake, I've been here for 13 years, and still, I don't know this word, and I need to ask the client*' (see Chapter 3, reflections on interviews). The themes for Laleh's interview follow.

Table 4.1.10: Fifth interview.

Emergent Themes	Transcript
Feeling terrified.	When I saw my first native speaker client, I was terrified to be honest.
Uncertain about ability to understand the client; Fear of missing client's emotions through unknown words; Feeling terrified.	I wasn't sure whether I would be able to understand the client in terms of … not necessarily not understanding the words, but my fear was missing out some of the emotions that it might be that I might miss through the words that I necessarily don't know the meaning in terms of language. So, I terrified.
Supervision as support.	I got quite a lot of support from my supervisor.
Sensation of physical discomfort.	I remember myself having butterfly in my tummy.
Missing words because of being too concerned.	If I don't understand and sometimes I was so caught up ... that I'm not missing some of the words, but I would miss the word anyway.

Emergent Themes	Transcript
Asking the client about unknown words adds up to anxiety.	I had to ask them: 'what did you say?' Then, I realised … it made me more anxious.
Difficulty with client's accent.	His accent was so difficult for me to understand.
Difficulty with the slang.	He was speaking a lot of slang…. He said, 'I'm feeling stoned'.... I didn't know what he meant by 'I'm stoned'… That was an example of how how difficult I was finding it.
Not feeling confident when using the second language in therapy.	So, a part of it was not feeling confident in terms of using the language that I had just learnt to use in therapy.
Problem with the slang and accent.	And the other part of it was the accent…and the slang.
Transient phenomena changed by time.	That was 10 years ago and now the fear is not there any more because, at the moment, I'm just working with clients who speak English, whether its native language or it's the second language, but I'm providing therapy in English, and now when I'm thinking about myself and comparing myself as a therapist, there and now, I'm not terrified. I'm much more comfortable in my skin.
Fear depends on literacy and the knowledge of the language scale of the client.	I believe that it depends that how much … my client is literate …. I work in a very wide spectrum of people from working class to somebody who is a journalist who writes all the time ... doctors, teachers, so the fear is still there when I think that it depends on the knowledge of language skill of the client.

Emergent Themes	Transcript
Fear of not being equal with the client.	Speaking in English, I might not be able to be equal with them; that makes me basically fearful at the beginning a little bit. Obviously, the fear is there. Anxiety and that sense of not being good enough.
The sense of not being good enough (adequacy?); Doubt about adequacy because of missing words; Misunderstanding the client as the biggest fear.	Q: Not being good enough? I'm not good enough. How how can I deliver a therapeu …a therapy, if I miss a word if I don't understand a client. If I don't understand what exactly he means by certain words or certain way of expressing his emotions. That was my biggest fear.
Missing words is inevitable; The second language never becomes like the native language.	Q: And do you think that you have missed something? Not only with the first client, you had in general with the clients — (She cut my question.) I believe that it's inevitable. That's what I believe. Maybe I'm quite pessimistic…. (Sigh) …. No matter how much you know the language, at the end of the day. it's not your native one.
Trying to comprehend based on context as a coping strategy.	I don't necessarily know the meaning, but based on the context of what we are speaking, I can have some comprehensions.
Verifying indirectly; Transient phenomena reduced by time.	Then, to clarify whether I've understood them okay or not, I will ask in my terms in a way, 'am I right to understand you like this or that?' And then get that proof of whether, hmm, I am on the right track in a way. But the fear is … the anxiety is not as much as it used to be, but I cannot deny it's there! It is there!
Anxiety differs from client to client.	And I think from client to client differs as well.

Emergent Themes	Transcript
Problem with slang.	Who is coming from a working class and speaking slang as if you are listening to East Enders; that in self it can be challenging itself.
Problem with word usage.	All because you might, you missing something there, using some phrases that you, that applies in a certain situation, that you might not necessarily know.
Anxiety with a sophisticated language and sense of not being good enough.	A journalist and uses quite a lot of jargons and big words. I think the fear and anxiety kicks in there, and the sense that I might not be so good enough.
Not good enough (adequacy?).	Q: Hmm. Oh! (raised voice) for God sake! I've been here for 13 years and still I don't know this word, and I need to ask the client that sense of good, not being good enough, am I doing a good job? kicks in again.
Clients may or may not notice therapist's struggles with language.	I don't think they do, some of them they do.
Mind goes blank after language mistakes; Looking for client's judgement of the language mistakes.	I knew that the word which was coming out of my mouth was not the right word, but my mind was completely blank. I … I didn't know what other words I could use, and I realised the look in the client's face that she knew that I was wrong.
Client's normalisation of therapist's language mistakes.	She understood me but in a way, she didn't correct me .... I said, 'Did you notice that I made a mistake?' She said, 'So what?' So, it was like she was a kind of normalising that.

Emergent Themes	Transcript
Sense of inadequacy (repetition of not being good enough).	In general, I think that sense … sense of not being confident enough ... even if they don't understand, that it's there.
Struggling with language.	I'm struggling with finding a word.
Asking indirectly for language clarity.	And I keep asking, 'What's the word? What's the word?' And the client helps 'Do you mean this? Do you mean that?' And then we get to the point that we agree on what I wanted to say (laughing).
Comfortable clarifying language when therapy results are good.	In another occasion, … it was a fantastic piece of work .... He was using lots of … sophisticated big words (laughing) that I might not necessarily know what's the meaning, so I would ask. I was comfortable, and that is the difference.
Awareness of the change (personal growth)? Transient phenomena?	I'm aware of in compare ... when I comparing myself to ten years ago.
The client gives reassurance to therapists of her language; Sense of inadequacy?	He picked up on lack of my confidence in terms of using some of the words, and I think he wanted to give me some kind of reassurance…. He was complementing the way I speak. So, with that, in a way, it confirms that he picked up on that big point that whether I'm sure I'm good enough in using my language skills.
The client gives reassurance of the therapist's spoken English.	He said you are fluent enough. It's … it's more than good enough for providing what you do provide.
A need for verification regarding language.	I think deep down that I might not be… what's the word? They might not understand me. I want to kind of make sure that whether what I say in English make sense to them.

Emergent Themes	Transcript
Indirect language verification.	I think they think it's to do with the reflection …. Most of the time, when I do, it is partially to do with language, but I think what usually they pick up is that I want to make sure whether the reflection that I made or the intervention that I'm having with them, I'm a kind of double-checking with them.
Advanced warning to the clients about language problem.	At the beginning of the contract I make it clear that…if you don't understand me, ... please interrupt me while I'm talking …. If I don't understand what you're saying, I might stop you and say, 'What do you mean by that?' Maybe because that part of my agreement at the beginning.
Clients show curiosity about therapist's nationality because of the foreign accent.	They would ask me, 'I don't want to be a kind of nosy or anything but, may I ask you that you have a sweet accent. Where are you originally from? Lebanese? Are you from Eastern European? Are you Eastern European?' I've been told by them that, 'Oh, you, you're not, you know, born in here? Are you born here?' And I say, 'Why do you want to know that I born here?' 'Because you your English is so good. You're so good at English as if, if you didn't tell me that you're not born here, I would think that, you know, you're the second generation of immigrants' or so on.
Need for approval from a client regarding language proficiency.	Q: How do you feel when they give you this feedback? A: It boosts the confidence, but it doesn't sink.

Emergent Themes	Transcript
Confident and language fluency? Confidence fluctuation due to different experiences with different English-speaking clients; More confident in mother tongue; Anxiety as a trainee (not related to language).	I'm not trying to say that the compliment, I don't value the compliment. It's quite nice to think that, oh, other people can perceive you as very confident and very fluent and so on, and it's nice to have that, but, at the same time, when I get another client that I feel that in terms of keeping up in the conversation with with them I might not be able to do, emm, that kind of let me down somehow. I was much more confident, and I think the only anxiety I had as a trainee, I remember because I started seeing clients just in my own language, Farsi, so … the … anxiety was there, but it wasn't to do with language.
Feeling comfortable in mother tongue because of language proficiency; Problem with translation of terminologies in mother tongue.	I was more comfortable because, because I could handle the language. Because I studied counselling here in the UK, lots of the words that I'm using in counselling ... with clients who speak English. It's easier to be used there in comparison to translate them in my language …. For example, I have to say *Etemad Be Nafs* (self-esteem in Persian) or *Ezat-e-Nafs* (self-confidence in Persian). You need to be kind of change it.
Fear of being judged by mother-tongue speakers for using English words.	Q: Translate it? Translate it … and I think you get judged by, by clients as if some of them, I notice that they judge you, if you are speaking in Farsi, and you use quite a lot of English words, they might judge you and say 'hmm, she's trying to show off, or being pretentious' and so on. There is a sense of judgement as well with Farsi speaking. Hmm, in terms of language.

Emergent Themes	Transcript
Easier engagement and clearer expectations from therapy from British or European clients than mother-tongue clients.	The mindset of the Farsi-speaking community regarding therapy as a whole. The way they engage and the way you need to make them engage. I think you know when you talk to somebody who is British or European, at least they know more about therapy, how it works, and the expectation of therapy is quite clarified, and they know what they want from therapy. This is something that, in my experience, you need to work on when you talk to somebody from Iran or Afghanistan. In my experience, because sometimes they don't have any idea how to use the session and how even talking can help, what kind of expectation they can have, what they can gain through the session, and what is impossible to gain through the session. So, that is something that I think, in my view, it's different from working with people with, with my community.
Sense of being equal with non-native-English speakers; Resonance with clients' problems with language.	To be honest, it's much more comfortable because I think maybe it's to do with that sense of equality I mentioned at the beginning. I think it's more there. I feel that … probably we know what kind of feeling we could have in terms of expressing ourselves…. How does it feel for the client speaking English? And I might feel the same.
Much less challenging and much less anxiety with non-native English speakers.	Much less challenging I think ... much less anxiety when I start working with them.
Less judgement for accent by the non-native English-speaking clients.	This sense of being judged by your accent ... the sense of judgement I feel is much less, it's much less.

Emergent Themes	Transcript
Being judged or measured by native-speaking clients; Feeling comfortable with non-native English-speaking clients because of equality and not being judged.	I might be judged or being kind of measured by native-speaking clients. I'm much comfortable because I see that we are equal I'm not judged. One or two of them actually said oh you're born here I said why they said because you're quite fluent in English. I said, 'Really? Ok!' (surprised and doubtful look). I know I'm not! I know I quite have a lot to learn, but yet in comparison, they think that I'm fluent (laughing) funny! Isn't it?
Need for clients' approval of the language proficiency; Dichotomy in self-perception.	Q: Hmm, it was a good experience for you? A: (Raised voice in happiness) It is! It's nice, and it's quite interesting that you say, oh 'how I am perceiving myself and how others perceiving me?'! It's just … amazing that what kind of impression you give to clients.
Assumption rather than evidence for being judged.	I don't have … any evidence that the client is judging me.
Being judged as the root of anxiety.	I'm thinking, what else could it be the root of this anxiety?
The sense of competition with the client about language.	But, at the same time, there was a sense of competition in me as well, being up to the level of her skills in terms of language.
Worries about judgement by client.	She, she didn't judge me, but the anxiety was there. She might think 'she is not good enough. She's sitting there trying to analyse me, but she can't still pronounce some words. She doesn't understand the meaning of some of the words'. So, I was thinking, I'm assuming she might have judged me.

Emergent Themes	Transcript
Adequacy as a therapist equal to language proficiency; The sense of not being good enough despite the opposite evidence.	Since I started working with native speakers, I have been receiving quite a lot of positive feedbacks ... realistically how I am being perceived is I am a competent therapist …. There is evidence for it, … but sometimes it doesn't feel like.
The pressure of society to be perfect.	That sense of not being good enough, you need to be a kind of better and better. It could be something to do with that as well.
Lack of formal support.	I don't believe that there is a kind of formal support exist; I don't believe there is any formal support.
Using the supervision as the only support to deal with language problems.	We do have supervision .... Generally, if there is a problem and makes you feeling in a certain way, you take it to the supervision.
Encouragement and approval in supervision as support.	I took my anxiety to the supervision and what I received was encouragement and reminder of the fact that you are good enough.
Working on self-confidence in supervision.	Boost my self-confidence.
Being able to work [in English] despite being physically uncomfortable.	I can do it, yeah, there is a butterfly in my tummy, but that's okay; you can do it.

Emergent Themes	Transcript
Growing through experience; Awareness and self-reflection about language.	I think have, I kind of grew through this career? I do believe that my awareness has been helping me quite a lot, and I think I'm always quite aware of reflecting, while I'm talking to a client. I feel some sort of anxiety, and I try to do a kind of be aware of that and thinking that, oh: Where does it come from? Is it to do with language? Is it to do with this particular client? Is it to do with the way she talks?' This uncomfortableness about the language or not?
The effect of time pressure and tiredness on language proficiency.	But I notice also that when I am tired, or I'm a kind of run, run…. What do you call it? Run out? ... Over at the time or something, and I want to make a reflection, but your mind goes completely blank.
Gaining the confidence to ask the client (personal growth).	Remind myself that, okay, don't panic, just listen to what he's trying to say, and if you don't understand, you will ask…. I wasn't actually able to do that 10 years ago, 11 years ago, I would just, you know, trying to comprehend the context, but if I think now that there is a word that it might be the key to understand the whole discussion, I would just say, you know, I actually don't know this word, you know. What does it mean? Can you give me an example?
Necessity of a specific training for bilinguals; Supervisors have the same experience with language as their supervisees.	[In response to the need for specific support for bilingual therapists]: I do believe it is to be honest with you.... I had a very, very lovely support from the supervisor…. I'm wondering maybe she didn't know about the difference, the difference of the languages. How they can impact the therapeutic relationship. I think we need to have this sort of kind of information. I think about it and maybe it can be beneficial if … the supervisors had this same experience as the supervisees … that can help.

Emergent Themes	Transcript
Supervisors to be interested in diverse cultures and languages; Supervisors to be open about discussing language.	A bilingual supervising you … not necessarily bilingual … need to be interested enough to different cultures to different languages, at least be open to more discussion in the supervision because, not my personal experience, I had some colleague that had the same problem that I was experiencing, and it was completely dismissing in the supervision.
Better clients pool for bilinguals.	Your client group can be much more bigger (laughing).
Feeling culturally richer knowing two languages.	In terms of cultural information, you know, cultural knowledge, I think you're more much more rich, richer than somebody doesn't know any other languages because, when you know a language, you need to know the culture as well.
Doubt that slower pace of therapy is negative; Unknown words interrupt the flow of conversation and affect the therapeutic relationship.	If I know the word, and then it's quicker, is it necessarily better? ... Does it mean that the therapy is better? (reluctant voice) I don't know the answer (faint voice) …. I think, at the same time, I think if I know the word, the flow of conversation would help the relationship, I do believe so. I'm not saying that it causes rapture, so quite hiccups, it's a hiccup. It takes away the flow of the conversation, and I think, sometimes, it does affect the way you are with somebody, doesn't it?
Can language clarification affect the therapeutic relationship with a client?	It's scary a little bit because this is, this happening quite a lot, and I don't know a word, I try to explain what I'm trying to say. And now you ask me this question, and I'm thinking whether does it really affect my relationship with my client? I really don't want that. If it does really affect my relationship with them, I really don't want that. Maybe that's why I'm just oooh.

Emergent Themes	Transcript
Specific sensitive support for bilingual therapists can support the immigrants in society.	I think we are living in a very, very cosmopolitan city. There are lots of immigrants out there in London, and they need therapy, and I'm thinking by providing more sensitive and specific language-sensitive support for therapists, bilingual therapists, we can actually support them in a way.
The need for a discussion of the role of language in supervision.	If we had the more specific support in a way in terms of how and what is the role of language in therapy, it needs to be a kind of addressed in supervision. It needs a dedicated space for exploration.
Therapist's anxiety adversely affects the therapeutic relationship; Focus on therapist anxiety rather than client; Being open and explicit about language might have a positive effect on the client.	This sense of 'I'm not good enough' I've been anxious. I've been terrified, and it does, it does affect therapeutic relationship when you are anxious as a therapist. Q: How does it affect the relationship? A: Doesn't it? Q: I'm asking how? It is your experience. A: I think it was affecting my work at the beginning because I realised, as I mentioned through the example, I was so anxious of missing the client's … I don't know what the client was saying, I was so caught up but with that feeling. How we approach the language issue in the therapeutic relationship? If you are quite open and a kind of explicit about it, …it might affect the client in a positive way.

Table 4.1.11: Demographic questionnaire: Sixth interview.

AGE: **38**
SEX: **Female**
LANGUAGE(S) SPOKEN: **French, English**
YEARS OF EXPERIENCE AS A PSYCHOTHERAPIST OR COUNSELLOR: **4 years**
DEGREE: **Final Year DPsych Student in Counselling Psychology**
CULTURE AND COUNTRY OF ORIGIN: **France**
HOME COUNTRY: **France**
AGE OF IMMIGRATION: **26**
REASON FOR IMMIGRATION: **Gain professional experience abroad**
HOW ENGLISH WAS LEARNT: **At school and in the UK**
PROFESSIONAL SETTING: **Private practice**
DOMINANT LANGUAGE : **French**
FIRST LANGUAGE LEARNT: **French**
PERCENTAGE OF SERVICE IN ENGLISH: **90%**
LANGUAGE OF PARENTS: **French**
LANGUAGE OF EDUCATION: **French and English**
LANGUAGE SPOKEN AT HOME: **English**
EXPOSURE TO ENGLISH THROUGH MEDIA OR OTHER WAYS: **Yes**

Alice is a French-English bilingual doctoral student in counselling psychology. She came to the UK around six years before the interview to gain some professional experience as a counsellor in the UK.

Later she found her soulmate in the UK and got married. She said that she learnt English through her relationship with her English-speaking partner and her partner's friends. As a result, she learnt more informal English than standard English. Consequently, she sometimes uses slang in places she should not. She gave some examples during the interview of improper usage of words, which could be considered inappropriate in a counselling session. She appeared to have a very strong French accent, yet she seemed to have fewer concerns about being judged for her accent. As a matter of fact, she was pleased to have a French accent and asserted that her accent had helped her in therapy. She talked about something that has not been mentioned in the literature before. She said that, in her view, there is a kind of hierarchy in the way different languages are accepted in the UK. She added that she would have experienced a different attitude towards her accent if she was speaking Polish, for example (for a detailed discussion refer to Chapter 5). The analysis of her interview using the IPA techniques led to the following table of themes.

Table 4.1.12: Sixth interview.

Emergent Themes	Transcript
Anxiety about having a foreign accent; Worry about not understanding the client; Shift of focus to language; Feeling tired because of too much focus on language.	I was anxious about accent, ehhh, I was worried of not understanding people, erm, so I was, I was even more focused, then I think it was really tiring at the beginning because I was so focused. I was so wanted to understand, so I think the session was draining because I was working with putting too much energy to focus.

Emergent Themes	Transcript
Getting the general idea as a coping strategy to deal with language issues; Body language as a substitute for language deficiency; Relying on non-verbal communication.	Even if I couldn't understand every word, I could understand sentences. Even if I didn't have all the words, I could get the general idea and also…eee.. I could drop the attention because I had the body language, I had the presence in the room, so I realised, actually I don't need to understand every word.
Harder to understand Irish accent.	It was harder with Irish people then. Irish was really difficult for me to understand.
Relying on non-verbal communication.	I realised that … eh, that it is important what they say, but it's also how they looking at me or not looking at me. The way, I don't know, the energy in the room or the way they say something. Err, are they excited? Are they loud? Are they not loud and almost want to hide? So, it's all the information that you take in as well as the words themselves.
Language as an add on to other sources of anxiety at work; Worries about understanding the client and being understood by the client; Worries about unfamiliar culture.	The first time you do, you see clients is the first time, you are anxious about everything! (laughing) But I guess because it was my second language, I know the anxiety was; am I going to understand? Are they going to understand me? Erm, are they? So, in terms of words but also culturally, am I going to understand where they coming from? Do I need to? All these questions.

Emergent Themes	Transcript
Understanding is possible if adjustment happens at the beginning.	I realised it works. It's okay I, we understand each other. We just need adjustment at the beginning.
Worries about being understood because of having a foreign accent.	Because I've got, I've got an accent. I had even stronger accent a few years ago. I didn't know if I could express my idea, my ideas, in a, in a … in a understand, in a good way!
Worries about ability to express ideas in the second language; Not being judged by client because of being French; Worries about the ability to express ideas in the second language; Clients have better attitude towards certain nationalities over others; Being French is more accepted than other nationalities in the UK.	Or they don't make me feel judged or make me feel weird because I'm French. Erm, so I never felt that. I never worried about that. I was worried about am I going to be able to say what I wanted to say with the right words and …. (silence) That I am French, I don't think they really care. It doesn't come, it doesn't come up. But I also think that maybe it would be different if I was Spanish because I think, I don't know that assumption I have that I think maybe French, being French, is okay than maybe being Spanish or being Polish.
Different attitudes towards people from different nationalities in the UK.	In term of the, the people that are more or less accepted in England, I think there is some kind of hierarchy in a way.

Emergent Themes	Transcript
Better attitude towards certain cultures in the UK.	Some cultures may not be as well accepted. French culture is fine. English people love to hate us! Er, you know, it's okay to be French here.
Anxiety about language as an add on to the anxiety of being a trainee.	I think really it was a general anxiety about being a trainee and working as a therapist for the first time.
Relying on non-verbal communication as a coping strategy.	I mentioned earlier, body language, their presence, their presence in the room.
It took longer to get used to the clients in a second language.	We got used to each other! I got used to him. It took just a bit longer than the other people.
Misunderstanding happens in the second language.	It was loads of misunderstandings with him.
Hard to distinguish between language-induced and general counselling work problems.	So, it's hard to know what was language! And what was actually the work!
More resonance with words in mother tongue.	French-speaking person, err, it was quite interesting that was a different thing. One is her words really touched me deeply. It's like the words, the French words, and the French culture that were in the words in a way. It was touching me like in my bones. Much more deeply than in English.

Emergent Themes	Transcript
Being able to hide part of the self behind the second language.	Feeling more, and also hide less because, for me, when I speak English, I can hide behind the language, but in French I can't hide, and it's weird, but that's my feeling!
Embodied experience in mother tongue.	French language I was, I born in it. It is in my bones. It's everywhere. I embodied it.
Unable to present the whole self in the second language.	English, I learnt it 10 years ago. So, it's not as deep in a way. It is not everywhere, so when I speak English, I'm not showing the whole of myself.
Working in the second language represents the new post-immigration self.	I came to London, for me, I discovered I really evolved in London. I really, really grew, became someone else, someone I really like.
Working in the mother tongue brings back old emotions.	The idea of going back to France and going back to that part of my life is difficult, so I think when I hear French, it irritates me! All going back to French clients.
More assumptions about client in the mother tongue than in the second language.	When I'm working French it makes much more, I make much more assumption. In English, I don't make so many assumptions.
Self-awareness of assumptions in mother tongue; Need to bracket out assumptions in mother tongue.	I am aware of it, I really try with French-speaking clients to explore anyway, even if I feel that's obvious. That is what I mean. I have to push myself a bit more to explore because I know I have assumptions much more.

Emergent Themes	Transcript
Emotions deeper in mother tongue; More resonance with the emotions in mother tongue compared to the second language.	It is not in term of positive or negative, it's more, … I am more touched. I saw this client, and she told me this really sad, sad, and then I had to hold myself not to cry. I really wanted to cry. It was hard not to cry, and as she left, I burst into crying for a couple of minutes. But the same story in English could not touch me like that. So, I don't know if it's positive or negative. It's just the volume, its just up and down.
Less phenomenological in mother tongue because of more assumptions.	With French people, French-speaking people, I work a bit less phenomenologically because I tend to assume a much more. I am aware of it. I try to work on that.
Relationship more important than language.	At the end, it's about meeting the person, and we do meet each other, most of the times.
Finding a way to communicate despite the language barrier; Therapist intention is important.	If she speaks the second language. It doesn't matter. They understand my intention, and I understand where they're coming from. We find a way working together, and I try to be very clear about my intention. I say them, when I asked the question or when I ask them to clarify, I often explain why I ask. I want them to understand where I am coming from, and so … and that is what matters. Er, we learn how to work together beside language.
More empathy with the client's language problems; The second language has no effect on the relationship with the client.	I guess what you get from them is how is for them to speak English as a second language! How do they feel about it? Maybe do they feel confident or not confident, and what's going on there, but in terms of our relationship, I don't say, it's a difference.

Emergent Themes	Transcript
Importance of relationship to overcome language barrier; Importance of understanding the client to the quality of English.	Even someone you say has just arrived in England and maybe is learning English, there is always a way to communicate with each other, and the relationship could be as strong as someone who speaks perfect English. Because I realise it's okay. It doesn't matter if I, the quality of my English doesn't have anything to do when we could understand each other.
Need to ask for clarification about culture in the second language; More exploring and more phenomenological in the second language.	I don't know the English culture because I don't know that deeply. I have to ask them, I have to ask: 'What do you mean?' 'What does it mean for you?' In a way it pushes me more to work phenomenologically.
Direct questions from the client for unknown words in the second language.	I still do it sometimes. Someone come up with a word, and I feel it's important for some reasons and I will ask, yeah!
Get away with clarifying questions because she is French; Verifying the meaning of unknown words with client.	I think I get away with it because I'm French maybe. So, one I get away with it and, two, I explore more to understand what does it mean for them. What is just the meaning of this word for them? I get to understand what does it mean for them.
Never felt being judged because of not knowing English words.	A: And I guess I get away with it, they understand. I don't know it, and they are fine with it. I never felt of being judged about that, never!

Emergent Themes	Transcript
Necessity of immersion in the second language for a few years before starting counselling in the second language.	I started working as a therapist after probably five years in London. I wouldn't have been able to work as a therapist in the first few years, then my English was not enough so do. I think you have to, have to reach a certain level, but after five years in London, I was able to I feel … it was okay to work, in English as a therapist.
Importance of being with the client over importance of language.	Because it's really, it's not just talking cure. It's about being with someone in the room, eh, having a sense of, yeah, what is going on in the relationship.
Get away with questioning the client for clarification because of being bilingual; Get away with straightforward questioning because of being French.	I get away with things. So, if I ask for 'What does it mean? What does this word mean? What there's this cultural thing mean to you?' I get away with that. I can ask anything, and also I think, sometimes, I'm quite harsh when I give feedback to client. I can come across quite harsh because going straight to the point, but I get away with that, I think sometimes because they say 'Oh, she's French' and I know I think it's because maybe they think I'm French, so I get away with saying things to the client that is quite difficult, straightforward.
Fewer expectations of the bilingual therapist for proper use of language.	It doesn't matter how I say a thing: to be polite, not polite enough, because it doesn't matter. They know that I'm not English. They don't expect me to, to have an English politeness, or they don't expect the same. They don't have the same expectation from me. So, I get away with it.

Emergent Themes	Transcript
English has more action words; French more emotional words; Being able to bring a distinct perspective to therapy room.	English language is a lot of, has more action words. French is much more emotion. English has a lot of action words. Things like that. So maybe in my way of talking, talking in a different way, maybe, maybe it's helpful. Maybe it's not!
Different frame of reference even when speaking in English.	That's a different way of talking. It's a different frame of reference. I bring that in the room. A different perspective, hopefully it's helpful, and having a different frame of reference probably goes through the words even when I'm talking in English.
Proud to work in English.	Personally I am very proud to be able to work in English. Wow? How can I do that?
Proud to do therapy in English.	I'm a bit proud. Its that. Not only I speak English with people, I do therapy in English. So, wow, I don't know, I feel good about it.
Proud to be connected with clients in the second language.	I can have strong relationship, strong therapeutic relationship with clients in English that's what I feel and achievement actually…. It's to be able to have that connection in English.
Feeling different in mother tongue and the second language.	Different in English and in French? Yeah, I do feel different.
Prefers to work in the second language as English represents a better part of her life.	I like my work better in English. I think English presents the last 10 years of my life, and, in the last 10 years, I learnt to like myself more.... It's part of myself I like.
Supervision as a source of support for language issues.	Hopefully peoples' problems, they can take it to supervision.... Supervision is a good place to bring in this kind of issue.

Emergent Themes	Transcript
Doubts about the necessity of formal support with language.	I'm wondering if it's really necessary to have something more formal.
Doubts about the necessity of formal support with language.	I don't know because I didn't, I didn't need that support, I didn't think. I don't know…
Supervision as the proper support to language-related issues.	I think it should be something more regular, like supervision.
Code-switch in mother tongue because mother tongue has become weaker.	I'm living in London for a long time. Sometimes, we don't know the meaning of a word in French, so we switch to English to say that word because both of us can't remember.
Inappropriate use of slang in therapy; Client is shocked by inappropriate language use; Good therapeutic relationship can help overlook wrong language usage.	I know more street language than the proper English…. I use slang without realising. So, for example, to say 'penis', I say 'dick'; instead of 'breast', I say 'boobs'…. It was really not appropriate.... She was a bit shocked.... But then we moved on because we had a good relationship. It doesn't matter if I get it wrong.

Table 4.1.13: Demographic questionnaire: Seventh interview.

AGE: **36**
SEX: **M**

LANGUAGE(S) SPOKEN: **Italian, English**
YEARS OF EXPERIENCE AS A PSYCHOTHERAPIST OR COUNSELLOR: **10**
DEGREE: **PhD**
CULTURE AND COUNTRY OF ORIGIN: **Italy**
HOME COUNTRY: **Italy**
AGE OF IMMIGRATION: **26**
REASON FOR IMMIGRATION: **Education**
HOW ENGLISH WAS LEARNT: **Language school in Italy then students' exchange programme**
PROFESSIONAL SETTING: **NHS**
DOMINANT LANGUAGE: **Italian**
FIRST LANGUAGE LEARNT: **Italian**
PERCENTAGE OF SERVICE IN ENGLISH: **99%**
LANGUAGE OF PARENTS: **Italian**
LANGUAGE OF EDUCATION: **Italian, English**
LANGUAGE SPOKEN AT HOME: **Italian**
EXPOSURE TO ENGLISH THROUGH MEDIA OR OTHER WAYS: **Yes**

Dante had a Ph.D. and was working mostly with cognitive behavioural therapy (CBT) techniques at NHS. When my supervisors and I were thinking of the participant criteria, we decided to include all types of theoretical orientations and types of counselling/psychotherapies. This participant was the only CBT therapist among the interviewees. When I was interviewing him, I had a feeling that maybe it could be less challenging for a CBT therapist to work in a second language because of the accessibility

of standard handouts, pamphlets, and so on. Dante had come to the UK to pursue his education at the PhD level. Then, he found a good job opportunity at NHS and remained in the UK. He was married to an Italian woman, and they speak Italian at home, but most of his clients speak English. He appeared to have a strong Italian accent and was talking very fast, which made it sometimes difficult for me to follow his speech. The table of themes extracted from interviewing him follows.

Table 4.1.14: Seventh Interview.

Emergent Themes	Transcript
Problem with strong native accent.	My major difficulty has been when someone particularly has a very strong accent.
Problem with clients who speak fast.	Sometimes people might speak very fast despite the accent, so it could be another difficulty.
Problems with colloquial language; Problems with non-standard English; Unfamiliarity with cultural sayings.	I may struggle with some time is, if they can use like more colloquial expression or something like that. That makes it a bit harder because it's not about sort of the language of therapy the standard. It is more about the culture.
Transitory phenomenon: gets better by time.	It got better and better all the time. Initially it was slightly difficult.
Accent as a persistent problem; Problem with clients who speak fast; Problem with journal expressions.	Accent can still play a role all the time, someone who has got a very strong accent. Em, or the other thing if they speak very fast, or if they use like journal expressions or something like that.

Emergent Themes	Transcript
Problem with expressions and sayings; Client becomes upset because of language mistakes.	There might be some sayings in English …. 'It's a spur of the moment'. I was asking him two times, and I think the fact that I could not understand was upsetting him a little bit…. He was sort of a little angry…. I could not understand this expression.
Building up knowledge about expressions as a coping strategy.	You can build your knowledge about these things.
Speaking English is not as smooth as the mother tongue.	English is my second language, and that sometimes I might find it difficult. There might be some moments…. It is not as smooth as my first language, em so I am very aware of it.
Awareness of the struggle with the language.	I am wondering if you see a therapist and you have to talk quite a lot … for quite some time, and if the patient might be at ease with the language.
Concerns about client's perception of the therapist's expressive language; More problems with therapist's foreign accent outside London; Londoners are used to foreign accents.	I think London is a very cosmopolitan city …. My accent was, was, was found to be more difficult outside London than in London. London people are very used to people foreign and things like that. So, I had nobody in London ever commented on my accent, and outside at times, it was picked up.

Emergent Themes	Transcript
People less exposed to diversity have greater problem with foreign accent; For metropolitan areas like London, the therapists' accents are not a problem.	Rural: They might be less used to being exposed to diversity and things like that and might be difficult for the patient, or an urban metropolitan, cosmopolitan people in London might be different, and they might be okay.
Not understanding expressions.	Sometimes, I probably, I could not understand some expression or words.
Recording the session as a coping strategy to deal with language problems.	I was recording the sessions .... I would go back and listen to that again.
Using Internet for unknown words.	If not ... the session ended, I would go and try to look that up in Internet and try to see what was the meaning of that word, you know, you Google it.
Feeling totally blocked.	I felt totally blocked I felt I can't understand.
Patient's frustration.	The patient ... found it quite frustrating.
Therapist's anxiety depends on client's understanding of the language.	If the patient perceives, understands the flow is natural and carry on, then so for me, I don't feel very anxious probably because of that.
Feeling anxious if the language causes a communication breakdown.	If language is something that causes a breakdown in the communication, ... I would feel a bit anxious.

Emergent Themes	Transcript
Better understanding of English with non-native English speakers in the past; Transitory phenomenon; Better understanding than a native speaker of English as a second language if their English is not good.	I used to understand much easier people speaking English as their second language .... German speaking English or a Spanish speaking in English ... much easier than a native. I think that is changed; however, I think, now it is levelled off. An advantage to native speaker... if the patient's English is not really good, … they might find it quite difficult. I think it was ok.
Using English as a second language creates difficulties and barriers and uncomfortableness.	With someone who is like me, using English as a second language, there might be a barrier … there could be a problem creating difficulties … both feeling uncomfortable…. I'm thinking about it as a difficult situation.
Education affects patient's language; Problem with understanding different dialects and accents.	Perhaps education might play a role. I find it quite difficult sometimes when patients come from very deprived backgrounds, ah, and especially from certain parts of England, not from the south or from London, then it can be a bit tricky.
Accumulated effects of being a trainee and the language problems.	Already you have your anxiety due to the fact that you are in training. It's the accumulated effect of anxiety you have already …. Regardless of the language but the on top of that ... for the first time in English or the first time in Spanish, so I think, um, I was more nervous in training compared to now because of this.
Worries about being understood by patients.	I guess the emotions were always sort of being worried that the person, the patient could understand me.

Emergent Themes	Transcript
Therapist's language is like a burden.	It was few people told me 'I can't understand you'. I think that the main problem is to make sure that it's not like a burden.
Client might understand a vague accent, but it is extremely difficult.	If someone was having a very, very vague accent, ... it might get to a point…. You got to understand but it's extremely difficult.
Difficulty in focusing on content because mental capacity involved in speaking English.	You really struggle to focus on the content because so much of your mental availability capacity are involved in speaking English.
Feeling nervous if client does not understand.	If there is a sign that they might not understand, I feel nervous about this.
Feeling natural in mother tongue.	So, I felt very natural. You felt you possessed the terminology, everything was smooth.
Everything smoother in mother tongue; Problems finding the equivalent of English scientific terms in the mother tongue; Feeling anxious in mother tongue because of lacking scientific terminology.	Translating CBT in in Italian, and I came up with a translation on the spot, which she laughed at…. Another thing I think I mentioned in the past, I think was the 'Core Beliefs', you know in CBT we talk quite a lot, and I was like, 'Oh my gosh what the Italian for Core Beliefs'? I never thought about this, so I was anxious. These were my emotions before the session…

Emergent Themes	Transcript
Very subtle nuances with mother-tongue clients.	And it was the fact that you can use very subtle nuances.
Mastery over different dialects in mother tongue; Difficulty in understanding different English dialects; No familiarity with different dialects because of knowing only basic standard English.	Somebody who was from a very certain region of Italy. I guess you can try to tailor my language. I'm from central Italy, okay, but of course, I would, I know how to use words or expressions from the south, etc., so I had to adjust my language to take that into account and, of course, in English, I don't know the Yorkshire expressions. So, it's more basic standard English, and that's it.
Emphasis that things have changed with language now.	It's different and and I can enjoy it; that's it, I would enjoy that. It wasn't like that, but it changed. It got better.
Problem with the client's English depends on the client's level of education.	I've been very lucky because all the people I was working with were people, were basically educated, well educated.... So, all the handouts and materials, formulations all of that, there was no problem. I always think, what if I have someone non-educated? … I think that would be quite difficult.
The need to address language-related issues in formal counselling education; Language issues were not acknowledged in formal education.	There wasn't, there…there was no modules. In teaching, everything was just normal.... There wasn't like half an hour sort of session or something devoted to these issues, so I think it's something that actually training-wise should be at least acknowledged. I felt like it was not formally acknowledged.

Emergent Themes	Transcript
General techniques to improve English, like listening to music, watching movies; Using flashcards to improve English proficiency.	Watching movies listening to the songs et cetera, you have to write down the words that you don't know. Then, you look them up. Then, you could have some kind of a card, carrying all the time, and once you listen, you say, 'Oh, I know this word', then you pass it.
Understanding based on content rather than single words.	We understand based on the context, not based on the single word.
Feeling embarrassed for having a foreign accent; Learning through embarrassing situations.	I went to the US ... perhaps because of the accent, ... there was so many embarrassing situations…. I was saying, 'Oh, gosh how could, I don't understand' ... Feelings and everything stayed in my mind. You learnt through that. You are screwed up big time, but you, you, you can carry on, and you learn from that.
Necessity for reflection on language-related issues in therapy; Necessity of forming self-support groups for bilingual therapist.	In training to reflect in this issue, … I think here bilingual is about English as a second language, having the opportunity or perhaps the course organiser encouraging … to have some reflect on it in terms of reflect in practice…. But language of the therapy was not part of my training education…. So, I think it's about pointing this out, making sure it is acknowledged, and then again encouraging reflective spaces in practices for people to spend some time, you know, on this particular issue.

Emergent Themes	Transcript
Necessity of living in the new language for some time before starting psychotherapy in a second language.	If I had left Italy just last month, and I just learnt standard English, I wouldn't be able to do therapy. If you have been living in a place like five or 10 years or something. it is very different to practice.
Self-awareness of language issues.	A session with the patient in English and, say, oh, language is in the top of my mind. You know it might come up, you know, if there is a specific situation, but it's never really something I'm fully aware of.
Cultural diversity as an advantage of being bilingual.	The major advantage for me of coming from a different culture … the diversity.
Better understanding of immigrant issues.	Coming from that kind of background, you can relate much better and understand all of those things. For me, it's about, for instance, working with a lot of people who migrated to the UK from Spain, from France, from Poland, from wherever, you know, in a sense, personally, there was my own experience. So, I can understand a lot of the issues and a lot of the things feeling about also the ambivalence about sometimes looking back to your own country, this sort of things.
Familiarity with the culture more important than language.	I think being a bilingual therapist is important, but being a bicultural is even more important.
Better understanding of the mother-tongue clients.	If you work in Italian therapy, I mean with an Italian patient, is not just about the language, it's about the fact that, when he talks about Italy, and I have that understanding.

Emergent Themes	Transcript
Being bilingual is an advantage if only the client is from a European country.	I think the advantage is in the sort of context from Europe. Within that I think it created some good of, sort of, it's good advantage.
The second language could generate misunderstandings and barriers.	I think I think the the different languages, yeah, the fact that, sometimes it could be a barrier, could be a problem. It can generate in terms of communication, potentially, I guess, generates misunderstandings.
Culture and language are bound together.	That is not just about language, it's the cultural element. The language is an, is an expression of the culture … how much is cultural, how much you have learnt, I'm not sure?
Going back home and working, could be challenging now; Living between two worlds; Generally, more flexibilities as a bilingual.	I haven't been working there for many years now. I'm going back, and it's quite challenging .... So, I think you're in a kind of, you are between two areas, and I think that's the position, unless someone is struggling with emotionally, and also language… Something that gives you general more flexibility, that's it.
Bodily tension when thinking about language-related issues; Reflection on the lack of formal support and personal neglect on language-related issues.	I was thinking of the tense in my feet. That's the thing which is reflecting on that probably means that's something that I myself have neglected. I was in training without any input really about these things…. I hadn't thought about that.... I think it's something, perhaps, for me to to focus on and to be more aware of this things.

Table 4.1.15: Demographic questionnaire: Eighth interview.

AGE: **45**
SEX: **Male**
LANGUAGE(S) SPOKEN: **Persian, English**
YEARS OF EXPERIENCE AS A PSYCHOTHERAPIST OR COUNSELLOR: **13 years**
DEGREE: **Post Graduate Degree in Counselling**
CULTURE AND COUNTRY OF ORIGIN: **Iran, Persian**
HOME COUNTRY: **Iran**
AGE OF IMMIGRATION: **30**
REASON FOR IMMIGRATION: **Education**
HOW ENGLISH WAS LEARNT: **As an adult**
PROFESSIONAL SETTING: **Charity**
DOMINANT LANGUAGE: **Persian**
FIRST LANGUAGE LEARNT: **Persian**
PERCENTAGE OF SERVICE IN ENGLISH: **Now zero**
LANGUAGE OF PARENTS: **Persian**
LANGUAGE OF EDUCATION: **Persian, English**
LANGUAGE SPOKEN AT HOME: **Persian**
EXPOSURE TO ENGLISH THROUGH MEDIA OR OTHER WAYS: **Yes**

The eighth interview was with an Iranian accredited counsellor. He was working only as a Persian-speaking therapist at the time of the interview. He strongly believed that to be able to work as a

psychotherapist in English, one needs a very good command of English, which is not achievable by an immigrant counsellor. He had decided to limit his work to his mother-tongue clients only. The irony was that his spoken English was very acceptable. Coming to the UK with his family for better life opportunities, he lived and studied in the UK for the last 15 years. He was speaking clearly with receptive pronunciation, slowly and with caution, as if he was monitoring what he was saying and the way he was saying it. During the interview, he appeared uncomfortable and sad at times when he recalled his battle with the obstacles in his personal and professional life. He mentioned a few times about not belonging here and not feeling at home. He also emphasised cultural issues as a pivotal factor and added that, even if one understands and communicates in English efficiently, there are cultural elements that one does not comprehend completely. Nevertheless, he added towards the end of the interview that, if I come and ask the same questions from him 10 or 15 years later, he might give me different answers, as for him immersing in the new culture and owing the new culture can change his sense of belonging.

Table 4.1.16: Eighth interview.

Emergent Themes	Transcript
Not feeling like true self; Feeling inadequate.	I think sometimes I felt, erm, I'm not myself.... When you speak in a different language, you don't feel confident enough, specifically when you have arrived in a foreign country for a couple of years or a few years. So, you think whoa, it's not full of me.
Not feeling like true self; Problem in articulating the intentions; Difficulty in understanding and reflecting the client properly.	I'm not myself fully because you cannot, as a therapist, you cannot say what you want to say really, so sometimes, you feel am I able to reflect correctly? Am I able to understand correctly? The client might use slang, so you know, informal phrases or… so, I was a bit scared.

Emergent Themes	Transcript
Difficulty with slang and informal language.	I felt, erm, I'm a bit lower than the client because that's their language. They are confident, they are, I mean, they can speak in a way they want to, but I'm not able to, and the communication wasn't you know, the way I wanted it to be.
Feeling lower than the client; Problem in articulating the intention.	There ... were times I felt ... the clients a kind of superior in that sense …. I felt small sometimes.
Feeling inferior to the client; Doubts about ability to communicate.	I wasn't quite sure I was able to communicate, and if the client was an articulate and you know, intellectual person that would make worse even!
More problems in communication with intellectual clients; Asking for clarification as a coping mechanism; Fear of being judged by the client for language problems; Fear of asking for clarification.	They would use some words or phrases which I didn't understood at all, so I would say, yeah, 'Can you please explain it to me? You know what do you mean by that?' Or 'What does that mean?' So, and I was aware that I was creating a feeling inside the client by myself. Q: What kind of feeling? A: Erm, feeling that he or she would judge me as a therapist. What kind of therapist he is?

Emergent Themes	Transcript
Fear of asking as a barrier in therapy.	I was afraid sometimes to ask, but I had to, but the feeling of being scared or so that was a barrier in the therapy session.
Feeling scared depends on the client group; More difficulties with intellectual clients (sophisticated language).	Different client groups are different, so when when when you're dealing with some clients, you know, more intelligent and, as I said, an articulate person, it's, it's more difficult actually because, as I said, they, they would actually apply more difficult words and phrases.
Effective therapy depends on understanding the language of the client; Fear of asking for clarification from the client; Fear of creating negative feelings in the client; Fear of being judged by the client.	When you cannot communicate properly with a person or client, so the therapy wouldn't go well. You know, because if, if they say something, and you don't understand, understand the word or what they are talking about, so what's the point of therapy…. You should be able to understand. You should be able to communicate. A: So that's the scary part. To be able to understand you have to ask. And when you ask, you would create, as I said, a kind of various feelings inside yourself and the client.
Assumption about the client's negative attitude.	Q: Can you explain a little bit more about this feeling inside you and the feeling that you were creating inside the client? The feeling I had inside, as I said, erm, one to be judged by client that you know he is, erm, a newcomer to this country, and maybe he doesn't know what he's doing; he can't understand me.
Culture and language are interwoven.	And it's not only the language. It's culture as well.

Emergent Themes	Transcript
Understanding the true meaning of language requires cultural knowledge.	If you understand the meaning of the word, you may not understand the true meaning behind it because it's a cultural thing, it's not only language. So, you understand the language side of it, the meaning of the sentence, but you don't really understand what they mean by that.
Understanding culture requires immersion in the culture for a long time.	Because there are things inside, deep inside the culture of a nation, or, or a society unless you live in the society for many years, you know, for 15 or 20 years, you're not going to understand really.
Native English-speaking clients fear sharing feelings with a foreigner; Native English-speaking clients view the therapist with conceit.	Their [clients'] fear of sharing their true feelings with me as a foreigner or someone who might not understand their feeling or their culture…. I mean, first feeling might be a fear. Not sharing with me. Yeah and other feelings might be, looking at me from the, you know, from top to bottom.
Doubts about client's acceptance of the therapist; Worries about negative attitudes of the client; Clients avoid sharing their true feelings to appear nice.	A: Like, you know, he is a therapist, you know; I mean, he cannot be! He doesn't know what he's doing, maybe, or this sort of feelings might create. I don't know! I try to explore it. Sometimes with the client. Whether they what they fear. I ask them to clarify. Q: Hmm? A: Well, they were nice! And they say, they would say, 'No, that's absolutely fine'. I was asking to explain more but sometimes I felt, well, they want to be nice. You know, they don't want to be harsh to me because, you know, people are nice to foreigners …. They were actually nice; that's the feeling I had inside myself.

Emergent Themes	Transcript
Supervision.	I would share it with my supervisor all the time.
Avoiding English-speaking clients because of the lack of self-confidence about language.	I don't feel confident. I really don't feel confident to see English clients, right now, after two or three years being in this country, and I felt I cannot understand (sighing) some ... words they use.
Inadequate information about society.	Sometimes they say something about themselves or the people they are in relationship with, and I can't understand those kind of things because there are things in this country going on which I don't understand.
Supervisors' encouragement.	My supervisor said, 'Don't worry about it. Just keep going, you know, you're going to be better and better ... just keep going. Don't be afraid to share your feelings with your clients, so that's the best thing to do', and yeah, that's it!
Sharing fear of language with the client as a coping mechanism; Not feeling at home; Feeling lost.	I was struggling myself as a person …. I just arrived in a different country in a different culture, different language, different people around you, different shops, different houses. You've changed everything in your life. You've lost, you know a big deal of, a kind of everything!
Talking about the past brings back uncomfortable feelings.	So yeah, you get anxious, and even now, as you said, when you are talking about it, and I feel I can you know sense that feeling again.

Emergent Themes	Transcript
Lost identity as a person and as a therapist.	You are in a situation that you have a kind of lost, even your identity as a person and then as a therapist… It took ... two or three years to even find myself, who I was previously when I arrived here.
Feeling equal with non-native English speakers; Feeling of not belonging to this country.	Firstly, you see them a kind of, of like yourself. You are both, are not from this country. You don't belong to this country.
Feeling equal with English speakers as a second language.	In terms of language, using English, you feel you are more or less the same.
Less scared about language with non-native speakers.	You can feel that it's okay that sometimes, you know, we speak not fluently because they are like you. You can understand each other. You're not from here, and you don't expect each other to be, you know, fluent in language so I wasn't that scared when you know, when I saw clients who speak English, but they are not English really.
Feeling more like true self.	So, the feeling was much, much better. I was more relaxed. And I was a kind of more myself.
Concerns about unknown culture.	Still there are concerns about understanding the culture.
More effective communication with non-natives.	I could communicate much, much better and more effectively.

Emergent Themes	Transcript
Culture as the source of slight fear.	There are similarities within different cultures. There are differences as well, so that was the area if I came across I had a slight fear.
Easier to ask for clarification from non-native-speaking clients.	I think when you can communicate more effectively, you can ask them to explain…. If I didn't understand it, I could ask it. I would ask the client about it. That would be fine, I mean.
Better communication with non-native speakers.	But, in terms of communication, I felt much, much better I would say.
Feeling like an adequate therapist with non-native English speakers.	I could use my knowledge and my expertise more effectively, I would say. You know I wasn't afraid. Even if I was speaking a bit wrongly.
No fear of language mistakes with non-native English-speaking clients; Feeling equal with the client in terms of language inadequacy.	If my grammar wasn't correct, if my accent wasn't correct, I wouldn't afraid, be afraid because, you know, the client was more or less the same.
More relaxed with non-native-speaking clients.	Let's say, was a kind of more relaxed for me. I didn't have the same feeling when I was working with the English people.
Not worried about client's judgement with non-native English speakers.	I know the feeling wasn't the same, and I didn't feel that I was creating a kind of weird feeling.

Emergent Themes	Transcript
Creating anxiety and fear in the client by saying or behaving in a certain way.	Creating a feeling! Sometimes the client doesn't have that feeling, but you are creating that.... Sometimes you make them angry…. Sometimes you make them anxious. Sometimes you create fear. Inside them, when you say something in the therapy room or behave in a certain way, that, that the client you know, afraid.
Can be true self with non-native English speakers.	With the non-native English clients, I didn't have the same feelings, you know. I was a kind of more myself. I could, I could, as I said, I could communicate much, much better… the fear wasn't there.
Concerns about unknown culture.	A bit in terms of what I said, if you don't know their culture, if you don't know certain things, and you don't understand, but you can clarify, but in terms of language, you know, that was much, much better.
No official support or special training for bilingual counsellors.	I'm not quite sure if there is any teaching any training going on in this country for the the bilingual therapist or foreign therapist. I don't think there is any.
Need to study culture and society; Need to improve the English language.	I think one of the ways we can do is to work on our English, and also study about the culture. I mean studying about the society, about the people here.
Getting closer to English culture means feeling more comfortable.	So, you get yourself closer and closer you know to the English client, so you can be more comfortable, but I think that's the thing you, you should should do as a therapist individually.

Emergent Themes	Transcript
Need for a special training on the new culture.	I'm not quite sure if there is any, but if they can, yeah, put some modules something within the training that push you to go and study about, you know, I mean different cultures, I don't know, or they need you to have a minimum of understanding.
Proof of good English command.	Anyway to show them that you have the sufficient knowledge of English, and you know you can communicate, but in terms of maybe providing more materials to help you to understand the culture better.
Need for education on cultural sensitivity; Supervision; Do not hide your feelings in the therapy room; Sharing fears with the client.	You take your fear to the supervision as well, but you talk to your clients. You communicate with them. Just you don't hide your feelings, even in the therapy room. So, if you're afraid of something, you know, just get shared even with your client. That's the feeling I got as a therapist.
Worries about client's judgement of therapist's language.	You know sometimes, I don't understand you. What do you feel about that? Have you got any fear sharing your feelings with me? … It had helped me. Really helped me.
No fears of language in mother tongue.	Obviously you don't have those kinds of fears because the language is yours, so you can fully understand your client in terms of language.
Culture could be a concern even in mother tongue.	Still there are areas you don't understand because you know the clients might come from a different cities or towns or different cultures, even within your country.

Emergent Themes	Transcript
More interest in events in the therapist's place of birth than in the new culture.	Still after living many years in this country… I'm still following… the news the everything that are going on over there, so I'm aware of the political matters, the social matters, everything.
Like true self.	I mean, in terms of the feelings, I'm much, much more like myself.
No problem with articulating the intentions in the mother tongue.	There is nothing I would like to say, and I can't. There is nothing because the language that you know you grew up with.
Importance of therapy in the mother tongue, even after acquiring language proficiency.	As a therapist, is very important, is very, very important, yeah, you can communicate, communicate in your mother-tongue language. It's very important even if you live here for 5, 10, 15, or 20 years.
Importance of therapy in the mother tongue even without a language problem.	Q: Why it's important when you say it's important? A: Because I believe you cannot, you cannot communicate or express yourself the way you like to even after…. He lived here for 35 years, and came here when he was around 18 or 19, so was very fluent, had two or three qualifications masters, and you know, was very good, still said, yeah, obviously, I can be much, much, I mean better or more comfortable when I speak Farsi.
Psychotherapy in the second language demands high-level proficiency.	I still believe if it is not your mother tongue, your main language, there are areas still unknown to you, so I think it's important. I mean in the therapeutic work. It it may not be that important when you coming UK with people outside in the street when you go shopping… but within the therapy room, I believe it has some impact on your work, still even if you speak, you speak well, I believe you are not fluent!

Emergent Themes	Transcript
Foreign accent as a sign of lack of fluency.	You are not fluent! Right, the first thing is your accent.
Accent as an indicator of foreignness; Accent as a barrier.	Everyone can tell you you're not English. Still English clients, even if you communicate with them very fluently, well, wow, they know you're not English because your accent, you know, can tell, firstly! And I think it's a barrier.
Other foreign healthcare professionals are more accepted in the UK.	Nowadays, there are many people working in this country in the UK who are not English. Many nurses, doctors, dentists.... It has become acceptable … within society. You know they have care professionals who are not English. Many of them!
Psychotherapy is all words and speaking.	But counselling and psychotherapy, I believe, is different. Different from dentistry. Psychotherapy is all words and speaking, you know, talking.
Able to use expertise and knowledge effectively in the mother tongue.	As a therapist, when I go to the room with the client, you know, I feel confident. I can use my knowledge, my expertise more effectively in a way I want to. You know, I can, I can use the words I need to.
Importance of word usage in therapy.	When you want to say something in English and it's not your mother tongue, sometimes you got to think and specifically in the therapy room, you have to be very careful about the words you use.
Difficulties with word usage in English.	There are words in English, they have the same meaning, but different sort of strength or level. There are five verbs kind of same meaning, but they're not the same…. It's very important you know which one you pick when you want to speak.

Emergent Themes	Transcript
Language problems as a transient phenomenon; Changes over time; The need for immersion in language and culture.	You come here in 10 years' time and ask me the same questions, I might give you a different answer at the time … in 10 years' time, maybe my feelings or my experience would be different because my English might, you know, get better and better, and at the same time, I might know about the culture more and more. Maybe I live here, you know, year after year after year, I know different things about the culture, about the people. So, yeah, in 10 years' time, my experience might be different. I think it will be different, definitely.
Being an immigrant means not belonging.	When you work here, any way, you are migrant. This is not your country. It's not my country. In that sense, we are all migrants. I have struggled with different problems myself as a person.
Working in mother tongue in the UK is different because of the client's traumatic experiences.	And clients, the clients who we work with, they are migrants. Most of them are refugees. Most of them, I mean, lost everything, left everything behind and some of them been tortured, have been tortured. So, first, it's different when I work with someone here or if I would work with Iran.
Struggling with language as self-growth.	You think about your weaknesses as a person you know … a kind of a learning process for yourself.
Fear, feeling humiliated feeling guilty; Feeling guilty of not being able to understand and help client in English.	You speak English with a client, and you don't understand. What is this feeling really? Is it fear? I mean, you feel humiliated? Or sometimes you feel guilty even because you are there to help them, but if you don't understand them, you cannot communicate. You can feel guilty sometimes.

Emergent Themes	Transcript
Reflection on language leads to greater reflections on self.	It would push you to think about yourself about your feelings … what you are learning from working with different clients in different languages ... would bring up some different feelings or thinking about yourself.
The second language is a barrier in therapy.	Disadvantages … the barriers that impact with your therapeutic work, actually.
Better pool of clients as a bilingual therapist.	Bilingual, well, let's say, firstly, your client groups so get bigger, can expand your client group. If you speak only Persian, you can work with Iranians. When you speak English, you can work with English people, and those who are not English but speak English like Indians, Arabs, Turks, Somalians. So, that's an advantage.
Working in the second language as a learning curve about yourself.	So, you learn about different people. You learn about different cultures, and you learn about yourself. Every time you work with someone from a different culture and different people you learn something about yourself, in fact.... I look at the therapy in this way all the time, even when I worked with Persian people. All the time, I look at that as a learning curve for myself.
More familiarity with body language in mother tongue.	I feel more confident to a kind of, of analyse, understand of body language of Persian clients … when they just move their head, or they blink, or they do something very minor, you know, sometimes, I can understand it.... I can do with the English clients, but I have much, much better sense of the body language and the way they sit, the way they talk, the way they move.

Emergent Themes	Transcript
Importance of body language in therapy.	I think it's very important to me as a therapist, you know, to see and to perceive the body language actually.

Appendix 2: Abbreviations

DSM:	*Diagnostic and Statistical Manual of Mental Disorders*
ICD:	International Classification of Diseases
OCD:	Obsessive compulsive disorder
NSPC:	New School of Psychotherapy and Counselling
CPD:	Continuing Professional Development
DcPsych:	Doctor of Counselling Psychology
NARIC:	National Academic Recognition Information Centre
BPS:	British Psychological Society
UKCP:	United Kingdom Council for Psychotherapy
BACP:	The British Association for Counselling & Psychotherapy
HPC:	*Health Professions Council*
BABCP:	British Association for Behavioural and Cognitive Psychotherapies

Appendix 3: Recruting Consent Form

NSPC Ltd

258 Belsize Road

London NW6 4BT

Middlesex University

The Burroughs

London NW4 4BT

Recruiting Consent Form

Dear Sir/Madam:

I am a student of the professional doctorate in existential counselling psychology and psychotherapy, DCPsych (a joint programme by New School of Psychotherapy and Counselling and Middlesex University).

I am doing my doctorate thesis research on the subject of performing psychotherapy in a second language from the perspective of the therapists. Details of my research are provided below.

I want to interview 8 to 10 participants who meet my criteria for this research. I have considered your organisation as one of the potential places to recruit from because you have bilingual

psychotherapists who may meet my criteria. You are kindly requested to read the information below, and if you agree with me recruiting from your organisation, please sign this form and return it to me.

1. **Subject**

An exploration of counsellors' and psychotherapists' experiences of providing psychotherapy in a second language being carried out by Mehrshad Arshadi as a requirement for a DCPsych (Doctorate in Counselling Psychology and Psychotherapy by Professional Studies) from NSPC and Middlesex University.

2. **What is the purpose of the research?**

This study is being carried out as part of my studies at NSPC Ltd and Middlesex University. The objective of this research is a detailed phenomenological exploration of the experience of using a second language in psychotherapy from the therapists' perspective. The idea started with my personal experiences of doing psychotherapy in English, which was, in many ways, a different experience from doing it in my own language.

Although there seems to be no doubt about the importance of language in psychotherapy to the point that some researchers describe psychotherapy as a 'talking cure', there is limited literature on this particular issue. This limited literature is mostly about the multilingual clients rather than the clinicians' experience. My aim is to understand this phenomenon from the perspective of the counsellors and psychotherapists who are doing psychotherapy in a second language. The second language in this study is English.

The United Kingdom is a multicultural state, and London is a cosmopolitan city. With the increasing number of migrants, as well as related adjustment issues, the need for bilingual psychotherapists becomes more prominent. There is no specialised education, supervision, or support for bilingual psychotherapists in the UK.

My study may increase awareness of the experiences and needs of bilingual psychotherapists and ultimately may help them receive better support or supervision**.**

3. Criteria of participants

1. The first language of all the research participants must not be English. Because it is a research on language in general and not a specific language, for example, Spanish or Farsi, all languages are accepted.

2. The research participants must gain English language proficiency in adulthood.

3. All the research participants must be able to speak, read, and write both languages at least at the advanced level now. They must have passed an internationally accepted English test, like ILETS, with an average of 6.5 or its equivalent or have passed a university degree in the UK or in one of the other countries in which the language of study is English.

4. The age of the participants must be at least 30 to have the minimum required qualifications and a maximum of 50 to avoid the effects of age differences (the gap between generations) and to avoid the possible effect of ageing.

5. Research participants must be qualified psychotherapists/counsellors. They must be UKCP, BACP, HPC, or BABCP registered or a graduate student in psychotherapy or counselling with 150 practice hours as a psychotherapist. This is to avoid the research being contaminated by a lack of knowledge in psychotherapy and counselling.

The research participants must have experience of working with both native English-speaking clients and clients who speak their own language.

I would like to interview 8 to 10 participants for this research. Those who met the criteria will be given a full detailed participant sheet, and if they agree, they will be invited to any of the following places that are more convenient for them for a 60- to 90-minute interview in one

session. The interview will be arranged around a suitable time and place for the participants. They are offered three different places to choose from:

1. New School of Psychotherapy and Counselling (NSPC) located at 258, Belsize Road, London, NW6 4BT,
2. Farsophone Counselling Service located at Edgware Community Hospital, Burnt Oak Broadway, Edgware, and London, HA8 0AD,
3. My private office located at 18B North End Road, London, NW11 7PH.

Interviews can also take place in my participant's office during normal working hours. The interview will be semi-structured based on eight to ten open-ended questions about their experience of doing psychotherapy both in English and in their own language. I will record the whole interview and will transcribe the interview for analysis. The transcript of the interviews will be analysed using a qualitative method (IPA; Interpretive Phenomenological Analysis). I will look for themes that my participants have said about doing psychotherapy in a second language.

4. <u>Data protection</u>

I will do the transcripts myself. I will be recording the interview on a digital recorder and will transfer the files to an encrypted USB stick for storage, deleting the files from the recorder.

All information that my participants provide will be identified only with a project code and stored either on the encrypted USB stick or in a locked filing cabinet. I will keep the key that links personal details with the project code in a locked filing cabinet. No one except me will listen to the recorded voice.

To increase the validity of the research, I may need to contact the participants to read the themes and verify if that is what they meant to express. Participating in this part, again, is completely voluntary, and my research participant can choose to be contacted or not after the interview.

The information will be kept at least until 6 months after I graduate and will be treated as confidential. I may publish this thesis or part of it, and I may use some or the whole transcript of a participant's speech. In that case, I will delete or alter all the personal data to keep the participant's identity unknown. If my research is published, I will make sure that neither the participant's name nor other identifying details are used.

Data will be stored according to the Data Protection Act and the Freedom of Information Act.

5. What are the possible disadvantages of taking part?

Talking about participants' work is not generally distressing; however, some participants may feel overwhelmed by emotions while talking about their personal experiences, or they may feel exposed and anxious. They have the right to stop the interview or withdraw from the study at any stage without giving a reason. At the end of the interview, if they wish to talk about their feelings, they will be offered up to 30 minutes to share their feelings. If they need a therapist or supervisor to talk further about their experience, a list of possible cost-effective sources will be offered to them.

Although this is very unlikely, should they tell me something that I am required by law to pass on to a third person, like the possibility of harming themselves or others or involvement in terrorist activities or where there is a child safety issue, I will have to do so. Otherwise, whatever they tell me will be confidential.

6. What are the possible benefits of taking part?

Being interviewed about their experiences as bilingual therapists has no direct benefit, although some people may find it an opportunity to reflect on their experiences and could find this beneficial. They may also appreciate that what they have experienced is a general phenomenon and that they are not the only one in this world who has experienced that. Any other benefit

would be indirect. The findings of this research may contribute to a better understanding of the issues faced by bilingual therapists and counsellors and the kind of support that they may need.

7. Consent

All participants will be given a copy of the information sheet for their personal records, and if they agree to take part, they will be asked to sign the attached consent form before the study begins.

Participation in this research is entirely voluntary. They do not have to take part if they do not want to. If they decide to take part they may withdraw at any time without giving a reason.

I will reimburse the travel expenses my participants pay for public transportation up to a one-day London all-zones travelcard. For those who travel from outside London or use car to reach the interview, reasonable travel expenses would be considered.

8. Who is organising and funding the research?

This research is fully self-funded.

9. Who has reviewed the study?

All proposals for research using human participants are reviewed by an ethics committee before they can proceed. The NSPC Research Ethics sub-committee have approved this study.

If you have any further questions, you can contact me at:

Mr Mehrshad Arshadi

New School of Psychotherapy and Counselling (NSPC)

254-6 Belsize Road

London

NW6 4BT

Email: bilingualnspc@yahoo.co.uk

If you have any concerns about the conduct of the study, you may contact my supervisor:

Dr Rosemary Lodge

New School of Psychotherapy and Counselling (NSPC)

254-6 Belsize Road

London

NW6 4BT

Email: rosemarynspc@gmail.com

Or

The Principal

NSPC Ltd. 254-6 Belsize Road

London NW6 4BT

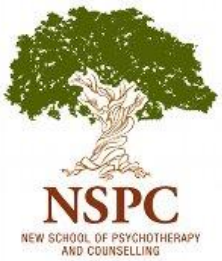
Admin@nspc.org.uk

0044 (0) 20 7624 0471

I have understood the details of the research as explained to me by the researcher and confirm that I have consented that Mr Mehrshad Arshadi recruit his potential participants from this organisation.

Please print your name **Signature and date**

Appnedix 4: Participant Information Sheet



'An exploration of counsellors and psychotherapists' experiences of providing psychotherapy in a second language' being carried out by Mehrshad Arshadi as a requirement for a DCPsych (Doctorate in Counselling Psychology and Psychotherapy by Professional Studies) from NSPC and Middlesex University.

NSPC Ltd

258 Belsize Road

London NW6 4BT

Middlesex University

The Burroughs

London NW4 4BT

Participant Information Sheet

Dated:

You are being invited to take part in a research study. Before you decide to participate, it is important for you to understand why the research is being done and what it will involve. Please take your time to read the following information carefully and discuss it with others, if you

wish. Please ask if there is anything that is not clear or if you would like more information. Take your time to decide whether or not you wish to take part.

What is the purpose of the research?

This study is being carried out as part of my studies at NSPC Ltd and Middlesex University. The objective of this research is a detailed exploration of the phenomenological experience of using a second language in psychotherapy from the therapists' perspective. The idea started with my personal experiences of doing psychotherapy in English, which was, in many ways, a different experience than doing that in my own language.

Although there seems to be no doubt about the importance of language in psychotherapy to the point that some researchers describe psychotherapy as a 'talking cure', there is limited literature on this issue. This limited literature is mostly about the multilingual clients rather than the clinicians' language experience. My aim is to understand this phenomenon from the perspective of the counsellors and psychotherapists who are doing psychotherapy in the second language. The second language in this study is English.

The United Kingdom is a multicultural state, and London is a cosmopolitan city. With the increasing number of migrants as well as related adjustment issues, the need for bilingual psychotherapists becomes more prominent. There is no specialised education, supervision, or support for bilingual psychotherapists in the UK.

My study may increase the awareness towards the experiences and needs of bilingual psychotherapists and ultimately may help them receive better support or supervision.

You are being asked to participate in this study because you have met my criteria for the participants in this research and you have shown interest in the research.

What will happen to me if I take part?

I would like to interview you for 60 to 90 minutes in one session. In special circumstances for your convenience and per your request, it can be done in two sessions. The interview would be arranged around a suitable time and place for you. You are offered three different places to choose from:

1. New School of Psychotherapy and Counselling (NSPC) located at 258, Belsize Road, London, NW6 4BT,
2. Farsophone Counselling Service located at Edgware Community Hospital, Burnt Oak Broadway, Edgware, and London, HA8 0AD,
3. My private office located at 18B North End Road, London, NW11 7PH.

Interviews can also take place in your office during the normal working hours. The Interview would be semi-structured based on eight to ten open-ended questions about your experience of doing psychotherapy in English and in your own language.

I will record the whole interview, and I will transcribe the interview for analysis. The transcript of your interview will be analysed alongside the others using a qualitative method (IPA; Interpretive Phenomenological Analysis). I will take out the themes that you and other participants have shared about doing psychotherapy in the second language.

What will you do with the information that I provide?

I will do the transcription myself. In rare cases, if I am not sure about what you have said, I may ask a professional transcript writer to check that special part. He/she will not have access to the whole recorded interview. I will not use your full or last name in the interview, and the person who may be used, in rare situations, to check some parts of the transcripts of the interview will not know who you are. I will be recording the interview on a digital recorder and will transfer the files to an encrypted USB stick for storage, deleting the files from the recorder.

All information that you provide will be identified only with a project code and stored either on the encrypted USB stick or in a locked filing cabinet. I will keep the key that links your details with the project code in a locked filing cabinet. No one except me or, in rare cases, a professional transcript writer will listen to your recorded voice.

To increase the validity of the research, I may ask a colleague who is a specialist in the IPA method to repeat analysing the transcripts. He/she would not have any access to your recorded voice or your name or other personal information you have provided.

The information will be kept at least until 6 months after I graduate and will be treated as confidential. I may publish this thesis or part of it, and I may use some or the whole transcript of your speech. In that case, I will delete or alter all your personal data to keep your identity unknown. If my research is published, I will make sure that neither your name nor other identifying details are used.

Data will be stored according to the Data Protection Act and the Freedom of Information Act.

What are the possible disadvantages of taking part?

Talking about your work is not generally distressing; however, some participants may feel overwhelmed by emotions while talking about their personal experiences or they may feel exposed and anxious. You have the right to stop the interview or withdraw from the study at any stage for any reason. At the end of the interview, if you are willing to talk about your feelings, you will be offered up to 30 minutes to share your feelings. If you need a therapist or supervisor to talk further about your experience, a list of possible cost-effective sources would be offered to you.

You may also think that talking about your work experience may affect your job. I reassure you that your information would be solely used for this study and would be treated as confidential. Although this is very unlikely, should you tell me something that I am required

by law to pass on to a third person, like the possibility of harming yourself or others or involvement in terrorist activities or where there is a child safety issue, I will have to do so. Otherwise, whatever you tell me will be confidential.

What are the possible benefits of taking part?

At this stage, I do not know about the results of this research, but it may help better the understanding of bilingual therapists and counsellors and possibly help them more with their problems. Being interviewed about your experience as a bilingual therapist has no direct benefit, although some people may find it an opportunity to reflect on their experience and could find this beneficial. You may also appreciate that what you have experienced is a general phenomenon and that you are not the only one in this world who has experienced that. Again, some might find it useful.

Consent

You will be given a copy of this information sheet for your personal records, and if you agree to take part, you will be asked to sign the attached consent form before the study begins. Participation in this research is entirely voluntary. You do not have to take part if you do not want to. If you decide to take part, you may withdraw at any time without giving a reason.

Who is organising and funding the research?

This research is fully self-funded.

Who has reviewed the study?

All proposals for research using human participants are reviewed by an ethics committee before they can proceed. The NSPC Research Ethics sub-committee approved this study.

Expenses

I will reimburse the travel expenses you pay for public transportation up to a one-day London all-zones travelcard. While appreciating your precious participation. Unfortunately, no other payments would be considered for your participation.

Thank you for reading this information sheet.

If you have any further questions, you can contact me at:

Mr Mehrshad Arshadi

New School of Psychotherapy and Counselling (NSPC)

254-6 Belsize Road

London

NW6 4BT

Email: bilingualnspc@yahoo.co.uk

If you have any concerns about the conduct of the study, you may contact my supervisor:

Dr Rosemary Lodge

New School of Psychotherapy and Counselling (NSPC)

254-6 Belsize Road

London

NW6 4BT

Email: rosemarynspc@gmail.com

Or

The Principal

NSPC Ltd. 254-6 Belsize Road

London NW6 4BT

Admin@nspc.org.uk

0044 (0) 20 7624 0471

Appendix 5: Written Informed Consent

NSPC Ltd

258 Belsize Road

London NW6 4BT

Middlesex University

The Burroughs

London NW4 4BT

Written Informed Consent

Title of study and academic year*:*

'An exploration of counsellors' and psychotherapists' experiences of providing psychotherapy in a second language'; **2013**.

Researcher: Mehrshad Arshadi

Supervisors*:* Dr Rosemary Lodge (first supervisor)

Professor Digby Tantam (second supervisor)

I have understood the details of the research as explained to me by the researcher and confirm that I have consented to act as a participant.

I have been given contact details for the researcher in the information sheet.

I understand that my participation is entirely voluntary, the data collected during the research will not be identifiable, and I have the right to withdraw from the project at any time without any obligation to explain my reasons for doing so.

I further understand that the data I provide may be used for analysis and subsequent publication and provide my consent that this might occur.

_____ _____

Print Name Sign Name

Date: _____

To the participants: Data may be inspected by the chair of the Psychology Ethics panel and the chair of the School of Social Sciences Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: _____

Appnedix 6: Risk Assessment

NSPC Ltd

258 Belsize Road

London NW6 4BT

Middlesex University

The Burroughs

London NW4 4BT

INDEPENDENT FIELD/LOCATION WORK RISK ASSESSMENT FRA1

This proforma is applicable to, and must be completed in advance for, the following

field/location work situations:

1. *All field/location work undertaken independently by individual students, either in the UK or overseas, including in connection with proposition module or dissertations. Supervisor to complete with student(s).*
2. *All field/location work undertaken by postgraduate students. Supervisors to complete with student(s).*
3. *Field/location work undertaken by research students. Student to complete with supervisor.*
4. *Field/location work/visits by research staff. Researcher to complete with Research Centre Head.*
5. *Essential information for students travelling abroad can be found on www.fco.gov.uk*

FIELD/LOCATION WORK DETAILS

Name: Mehrshad Arshadi **Student No:** M00291549

Research Centre (staff only)

……

Supervisors: Dr Rosemary Lodge and

Professor Digby Tantam

Degree course: DCPsych

Telephone numbers and name of next of kin who may be contacted in the event of an accident:

NEXT OF KIN

Name: Mr Reza S

Phone: 0000

Physical or psychological limitations to carrying out the proposed field/location work:

None

Any health problems (full details)

which may be relevant to proposed field/location work activity in case of emergencies:

I have hypothyroidism. I am using thyroxin tablets at 150

Locality (Country and Region):

England, Greater London

Travel Arrangements:	Public transport
NB: Comprehensive travel and health insurance must always be obtained for independent overseas field/location work.	
Dates of Travel and Field/location work:	Autumn 2013 or winter 2014.

PLEASE READ THE FOLLOWING INFORMATION VERY CAREFULLY

Hazard Identification and Risk Assessment

List the localities to be visited or specify routes to be followed **(Col. 1).** For each locality, enter the potential hazards that may be identified beyond those accepted in everyday life. Add details giving cause for concern **(Col. 2).**

Examples of Potential Hazards:

Adverse weather: exposure (heat, sunburn, lightening, wind, hypothermia)

Terrain: rugged, unstable, fall, slip, trip, debris, and remoteness. Traffic: pollution.

Demolition/building sites, assault, getting lost, animals, disease.

Working on/near water: drowning, swept away, disease (weils disease, hepatitis, malaria, etc), parasite flooding, tides and range.

Lone working: difficult to summon help, alone or in isolation, lone interviews.

Dealing with the public: personal attack, causing offence/intrusion, misinterpreted, political, ethnic, cultu socio-economic differences/problems. Known or suspected criminal offenders.

Safety Standards (other work organisations, transport, hotels, etc), working at night, areas of high crime.

Ill health: personal considerations or vulnerabilities, pre-determined medical conditions (asthma, allergi fitting) general fitness, disabilities, persons suited to task.

Articles and equipment: inappropriate type and/or use, failure of equipment, insufficient training for use a repair, injury.

Substances (chemicals, plants, bio-hazards, waste): ill health – poisoning, infection, irritation, burns, cuts, e

damage.

Manual handling: lifting, carrying, moving large or heavy items, physical unsuitability for task

If no hazard can be identified beyond those of everyday life, enter 'NONE'.

1. LOCALITY/ROUTE	2. POTENTIAL HAZARDS
1. I may travel to my participants' offices in London.	**1.1 Everyday hazards of travelling.** **1.2 Lone working and the possibility of assault: I may be alone with the participant in his/her office.**
2. My participants may travel to my three suggested premises in London: NSPC at NW6 4BT, Farsophone at HA8 0AD, or my private practice at NW11 7PH.	**2.1 Everyday hazards of travelling.** **2.2 Lone working and possibility of assault: I may be alone with the participant in my office, although I work with other people and, most of the time, there is someone in the building. Farsophone has security officers and a coordinator and at NSPC. There is a concierge at the door, and the staff work at the office upstairs.** **2.3 Adverse weather: My interviews will probably be scheduled around autumn 2013 and or winter 2014. Snowfall and extreme adverse weather may affect my travel to my participants or their travel to my places.**

The University Field/location work code of Practice booklet provides practical advice that should be followed in planning and conducting field/location work.

<u>Risk Minimisation/Control Measures</u> **PLEASE READ VERY CAREFULLY**

For each hazard identified **(Col 2),** list the precautions/control measures in place or that will be taken **(Col 3)** to **'reduce the risk to acceptable levels',** and the safety equipment **(Col 5)** that will be employed.

Assuming the safety precautions/control methods that will be adopted **(Col. 3),** categorise the field/location work risk for each location/route as negligible, low, moderate, or high **(Col. 4).**

Risk increases with both the increasing likelihood of an accident and the increasing severity of the consequences of an accident.

An acceptable level of risk is: a risk which can be safely controlled by person taking part in the activity using the precautions and control measures noted including the necessary instructions, information and training relevant to that risk. The resultant risk should not be significantly higher than that encountered in everyday life.

Examples of control measures/precautions:

Providing adequate training, information & instructions on field/location work tasks and the safe and correct use of any equipment, substances, and personal protective equipment. Inspection and safety check of any equipment prior to use. Assessing individuals' fitness and suitability to environment and tasks involved. Appropriate clothing, environmental information

consulted, and advice followed (weather conditions, tide times, etc.). Seek advice on harmful plants, animals & substances that may be encountered, including information and instruction on safe procedures for handling hazardous substances. First aid provisions, inoculations, individual medical requirements, logging of location, route, and expected return times of lone workers. Establish emergency procedures (means of raising an alarm, back up arrangements). Working with colleagues (pairs). **Lone working is not permitted where the risk of physical or verbal violence is a realistic possibility.** Training in interview techniques and avoiding /defusing conflict, following advice from local organisations, wearing of clothing unlikely to cause offence or unwanted attention. Interviews in neutral locations. Checks on Health and Safety standards & welfare facilities of travel, accommodation, and outside organisations. Seek information on social/cultural/political status of field/location work area.

Examples of Safety Equipment: Hardhats, goggles, gloves, harness, waders, whistles, boots, mobile phone, ear protectors, bright fluorescent clothing (for roadside work), dust mask, etc.

If a proposed locality has not been visited previously, give your authority for the risk assessment stated or indicate that your visit will be preceded by a thorough risk assessment.

3. PRECAUTIONS/CONTROL MEASURES	**4. RISK ASSESSMENT** (low, moderate, high)	**5. SAFETY/EQUIPMENT**
	Low	At Farsophone, there are security guards,

1. I will try my best to have my interviews in my allocated places, especially at Farsophone, where there are security staff and colleagues working. 2. I will let my next of kin know of the place I am going and the time and my expected return time. 3. I have some reasonable experience and knowledge about anger management and relaxation. If I notice my participant is getting angry or out of control, I will stop the interview and try to calm him/her using my therapeutic skills, and in the second phase, I will leave the premises.		and all the counselling rooms have a panic alarm. NSPC is a public building with a concierge and students and staff nearby. At my office, there are four rooms, and I can book a room in times when at least another colleague is working in one of the other rooms. I will check the address of my participants' offices before going to them, and I will inform my supervisor and a friend of where I am going and when to expect my return. All my allocated places are located in main streets. They have fire extinguishers and easy access to the outside. I am covered by liability insurance. For all of the interviews, I will take my mobile phone with me, and I will let a friend know before and at the end of each interview.

PLEASE READ THE FOLLOWING INFORMATION AND SIGN AS APPROPRIATE

DECLARATION: The undersigned have assessed the activity and the associated risks and declare that there is no significant risk or that the risk will be controlled by the method(s) listed above/over. Those participating in the work have read the assessment and will put in place precautions/control measures identified.

NB: Risk should be constantly reassessed during the field/location work period and additional precautions taken or field/location work discontinued if the risk is seen to be unacceptable.

Signature of Field/location worker (Student/Staff)	Mehrshad Arshadi …..……..……..……	**Date**	**19/4/2013** ……..……
Signature of Student Supervisor	……..……..……..……	**Date**	……..……..…

APPROVAL: (ONE ONLY)

Signature of Director of Programmes (undergraduate students only)	……..……..……..……	**Date**	……..……
Signature of Research Degree Co-ordinator or Director of Programmes (Postgraduate)	……..……..……..……	**Date**	……..……
Signature of Research Centre Head (for staff field/location workers**)**	……..……..……..……	**Date**	……..……

FIELD/LOCATION WORK CHECK LIST

1. Ensure that **all members** of the field party possess the following attributes (where relevant) at a level appropriate to the proposed activity and likely field conditions:

x Safety knowledge and training? **I know some therapeutic techniques to calm down my participants in case they become angry. I have a background in clinical psychology, and I have been trained about safety precautions**.

Awareness of cultural, social, and political differences?

☐ Physical and psychological fitness and disease immunity, protection, and awareness?

☐ Personal clothing and safety equipment?

☐ Suitability of field/location workers to proposed tasks?

2. Have all the necessary arrangements been made and information/instruction gained, and have the relevant authorities been consulted or informed with regard to:

X Visa, permits? **I have a valid visa to remain in the UK. It is due to renew in May 2014.**

X Legal access to sites and/or persons? **I have a written permit from Farsophone. I am a student at NSPC, and for my office, I pay rent. For Farsophone, I have written permission.**

☐ Political or military sensitivity of the proposed topic, its method or location?

☐ Weather conditions, tide times and ranges?

☐ Vaccinations and other health precautions?

☐ Civil unrest and terrorism?

X Arrival times after journeys?

☐ Safety equipment and protective clothing?

X Financial and insurance implications? **I have a liability insurance**.

☐ Crime risk?

☐ Health insurance arrangements?

☐ Emergency procedures?

X Transport use? Yes

x Travel and accommodation arrangements? **I live in London, and my interviews will be all in London**.

Important information for retaining evidence of completed risk assessments:

Once the risk assessment is completed and approval gained the **supervisor** should retain this form and issue a copy of it to the field/location worker participating on the field course/work. In addition, the **approver** must keep a copy of this risk assessment in an appropriate Health and Safety file.

Appendix 7: Request for Ethical Approval

NSPC Ltd

258 Belsize Road

London NW6 4BT

Middlesex University

The Burroughs

London NW4 4BT

REQUEST FOR ETHICAL APPROVAL

Applicant (specify): *PG (DC Psych)* *Date submitted: 9/5/2013*

Research area (please circle):

Clinical	Cognition + emotion	Developmental	Forensic	Health
Occupational	Psychophysiological	Social	Sport + exercise	

Other: **Counselling psychology**

Methodology:

Empirical/experimental Questionnaire-based **Qualitative** Other _____

No study may proceed until this form has been signed by an authorised person indicating that ethical approval has been granted. For collaborative research with another institution, ethical approval must be obtained from all institutions involved.

This form should be accompanied by any other relevant materials (e.g., questionnaire to be employed, letters to participants/institutions, advertisements or recruiting materials, information and debriefing sheet for participants,[1] consent form,[2] including approval by collaborating institutions).

- Is this the first submission of the proposed study? **Yes**/No
- Is this an amended proposal (resubmission)? Yes/**No**
  Psychology Office: if YES, please send this back to the original referee

- Is this an urgent application? (To be answered by Staff/Supervisor only)[1] Yes/**No**

Supervisor to initial here_____

Name(s) of investigator(s): Mehrshad Arshadi

[1] see Guidelines on Oasis Plus

Name of supervisor(s): Dr Rosemary Lodge (first supervisor), Professor Digby Tantam (second supervisor)

Title of study: 'An exploration of counsellors' and psychotherapists' experiences of providing psychotherapy in a second language'

Results of Application:

***REVIEWER - please tick and provide comments in section 5*:**

X-APPROVED **APPROVED WITH AMENDMENTS** **NOT APPROVED**

SECTION 1 (to be completed by all applicants)

1. Please attach a brief description of the nature and purpose of the study, including details of the procedure to be employed. Identify the ethical issues involved, particularly in relation to the treatment/experiences of participants, session length, procedures, stimuli, responses, data collection, and the storage and reporting of data.

SEE ATTACHED PROJECT PROPOSAL

2. Could any of these procedures result in any adverse reactions? **YES**/NO

If "yes", what precautionary steps are to be taken?

This group of participants (counsellors and psychotherapists) are not particularly vulnerable, but talking about their difficulties at work with their clients may evoke some unpleasant feelings. It has been explicitly explained in the participant information sheet that they can stop the interview or withdraw at any stage. At the end of the interview, they will be offered up to 30 minutes to talk about their feelings if they want to. A list of cost-effective therapists and supervisors will also be given to them.

3. Will any form of deception be involved that raises ethical issues? YES/**NO**

(Most studies in psychology involve mild deception insofar as participants are unaware of the experimental hypotheses being tested. Deception becomes unethical if participants are likely to feel angry, humiliated, or otherwise distressed when the deception is revealed to them).

Note: If this work uses existing records/archives and does not require participation per se, tick here ……. and go to question 10. (Ensure that your data handling complies with the Data Protection Act).

4. If participants other than Middlesex University students are to be involved, where do you intend to recruit them? *(A full risk assessment must be conducted for any work undertaken off university premises)*[6,7]

I will try to find my participants from organisations that have bilingual therapists. My initial list is as follows:

1. **Mapesbury clinic in Minister Centre,**
2. **Farsophone Counselling Service and Multilingual Counselling Service at Edgware Hospital,**
3. **Refugee Therapy Centre,**
4. **Mind,**
5. **Kids Company,**
6. **Qualified private bilingual or multilingual psychotherapists through UKCP or BPS websites,**
7. **NSPC,**

8. Middlesex University.

If I cannot find anyone through those organisations, I will circulate an email through administration of universities. The next step is using UKCP and BPS websites to find counsellors and psychotherapists who speak languages other than English, and finally, if none of the above strategies prove to be effective, I will use the snow-ball technique and ask the first one who meets the criteria to introduce the next, etc.

5a. Does the study involve	
Clinical populations	YES/**NO**
Children (under 16 years)	YES/**NO**
Vulnerable adults such as individuals with mental or physical health problems, prisoners, vulnerable elderly, young offenders?	YES/**NO**

5b. If the study involves any of the above, the researcher needs CRB (disclosure of criminal record)	
-Staff and PG students are expected to have CRB – please tick	**YES**/NO
-UG students are advised that institutions may require them to have CRB – please confirm that you are aware of this by ticking here	X

6. How and from whom (e.g., from parents, from participants via signature) will informed consent be obtained? (*See consent guidelines;*[2] *note special considerations for some questionnaire research*

I will obtain consent from the participants themselves in writing by signing the consent form, which has been given to them along with the participant information sheet (attached forms).

7. Will you inform participants of their right to withdraw from the research at any time, without penalty? (*see consent guidelines[2]*) **YES**/NO

8. Will you provide a full debriefing at the end of the data collection phase? **YES**/NO (*see debriefing guidelines[3]*) Please refer to the debriefing form

9. Will you be available to discuss the study with participants, if necessary, to monitor any negative effects or misconceptions? **YES**/NO

If 'no', how do you propose to deal with any potential problems?

I have explained this in their information sheet. I will give them up to 30 minutes to talk about their feelings, and I will offer them a list of psychotherapists and supervisors.

10. Under the Data Protection Act, participant information is confidential unless otherwise agreed in advance. Will confidentiality be guaranteed? (*see confidentiality guidelines[5]*) **YES**/NO

If "yes" how will this be assured *(see[5])*

I have explained confidentiality in detail in the information sheet, including the possible publication. I will also talk to them about this in person. I try my best to observe confidentiality. All names and identifying information, including the geographical location, will be removed, participant data will be coded, and the identifying information will be kept separately in a locked cabinet. Recorded voices will be deleted after the written transcriptions are complete. Data will be kept in an encrypted USB stick up to six months after finishing my thesis and will be discarded afterwards. Data will be stored according to the Data Protection Act and the Freedom of Information Act.

If "no", how will participants be warned? *(see[5])*

(*NB: You are not at liberty to publish material taken from your work with individuals without the prior agreement of those individuals*).

11. Are there any ethical issues which concern you about this particular piece of research, not covered elsewhere on this form? YES/**NO**

If "yes" please specify:

(NB: If "yes" has been responded to any of questions 2, 3, 5, 11 or 'no' to any of questions 7-10, a full explanation of the reason should be provided -- if necessary, on a separate sheet submitted with this form).

SECTION 2 (to be completed by all applicants – please tick as appropriate)

	YES	NO
12. Some or all of this research is to be conducted away from Middlesex University	X	
If "yes" tick here to confirm that a Risk Assessment form has been submitted	X	
13. I am aware that any modifications to the design or method of this proposal will require me to submit a new application for ethical approval	X	
14. I am aware that I need to keep all the materials/documents relating to this study (e.g., consent forms, filled questionnaires, etc.) until completion of my degree/ publication (as advised)	X	
15. I have read the British Psychological Society's *Ethical Principles for Conducting Research with Human participants*[4] and believe this proposal to conform with them.	X	

SECTION 3 (to be completed by academic <u>staff</u> -- for student approval, go to Section 4)

Researcher…… date ……..

PSY OFFICE

received

Signatures of approval: Ethics Panel ……. date …….. date:

(signed pending approval of Risk Assessment form) date:

If any of the following is required and not available when submitting this form, the Ethics Panel Reviewer will need to see them once they are received and before the start of data collection – please enclose with this form when they become available:

- letter of acceptance from other institution

- any other relevant document (e.g., ethical approval from other institution):_____

PSY OFFICE

received

Required documents seen by Ethics Panel ……. date …….. date:

SECTION 4 (to be completed by <u>student</u> applicants and supervisors)

Researcher (student signature) …… date ……..

CHECKLIST FOR <u>SUPERVISOR</u> – please tick as appropriate

	YES	NO
1. Is the UG/PG module specified?		
2. If it is a resubmission, has this been specified and the original form enclosed here?		
3. Is the name(s) of student/researcher(s) specified?		
4. Is the name(s) of supervisor specified?		
5. Is the consent form attached?		
6. Are debriefing procedures specified? If appropriate, debriefing sheet enclosed – appropriate style?		
7. Is an information sheet for participants enclosed? appropriate style?		
8. Does the information sheet contain contact details for the researcher and supervisor?		

9. Is the information sheet sufficiently informative about the study?		
10. Has Section 2 been completed by the researcher on the ethics form?		
11. Any parts of the study to be conducted outside the university? If so a Risk Assessment form must be attached – Is it?		
12. Any parts of the study to be conducted on another institution's premises? If so a letter of acceptance by the institution must be obtained - Letters of acceptance by all external institutions are attached.		
13. Letter(s) of acceptance from external institutions have been requested and will be submitted to the PSY office ASAP.		
14. Has the student signed the form? If physical or electronic signatures are not available, an email endorsing the application must be attached.		
15. Is the proposal sufficiently informative about the study?		

PSY OFFICE

received

Signatures of approval: Supervisor……. date …….. date:

Ethics Panel ……. date …….. date:

(signed pending approval of Risk Assessment form) date:

If any of the following is required and not available when submitting this form, the Ethics Panel Reviewer will need to see them once they are received – please enclose with this form when they become available:

- letter of acceptance from other institution

- any other relevant document (e.g., ethical approval from other institution): _____

PSY OFFICE

received

Required documents seen by Ethics Panel ……. date …….. date:

SECTION 5 (to be completed by the Psychology Ethics panel reviewers)

	Please Tick or Use NA	**Recommendations/comments**
1. Is UG/PG module specified? (student appl.)		
2. If it is a resubmission, has this been specified and the original form enclosed here?		
3. Is the name(s) of student/ researcher(s) specified? If physical or electronic signatures are not available, has an email endorsing the application been attached?		

4. Is the name(s) of supervisor specified? (student appl.) If physical or electronic signatures are not available, has an email endorsing the application been attached?		
5. Is the consent form attached?		
6. Are debriefing procedures specified? If appropriate, is the debriefing sheet attached? Is this sufficiently informative?		
7. Is an information sheet for participants attached?		
8. Does the information sheet contain contact details for the researcher?		
9. Is the information sheet sufficiently informative about the study? Appropriate style?		
10. Has Section 2 (points 12-15) been ticked by the researcher on the ethics form?		
11. Any parts of the study to be conducted outside the university? If so a fully completed Risk Assessment form must be attached – is it?		
12. If any parts of the study are conducted on another institution/s premises, a letter of agreement by the institution/s must be produced. Are letter/s of acceptance by all external institution/s attached?		
13. Letter/s of acceptance by external institution/s has/have been requested.		

14. Has the applicant signed? If physical or electronic signatures are not available, an email endorsing the application must be attached.		
15. Is the proposal sufficiently informative about the study? any clarity issues?		
16. Is anyone likely to be disadvantaged or harmed?		
17. If deception or protracted testing are involved, do the benefits of the study outweigh these undesirable aspects?		
18. Any other comments?		

Appendix 8: Debriefing

NSPC Ltd

258 Belsize Road

London NW6 4BT

Date:

Middlesex University

The Burroughs

London NW4 4BT

Dear Participant:

Thank you for participating in this research project named '***An exploration of counsellors' and psychotherapists' experiences of providing psychotherapy in a second language***' which was carried out by me as a requirement for the DC-Psych (the Doctorate in Counselling

Psychology and Psychotherapy by Professional Studies) from NSPC and Middlesex University.

The objective of this research is a detailed phenomenological exploration of the experience of doing psychotherapy in a second language, from the therapists' perspective. The idea came from my personal experience of doing psychotherapy in English, which was, in many ways, a different experience than doing that in my own language. Thank you for giving me the opportunity to listen to your experiences of working as a counsellor or psychotherapist in English while English is not your first language. I hope this study may increase the awareness towards the experiences and needs of bilingual psychotherapists and ultimately may help them receive better support or supervision.

I emphasise again that you have the right to ask me to withdraw your transcript from the study at any stage without giving any reason. If you would like to talk about your experience of participating in the research, we can spend 30 minutes talking about this. My aim is to give you the time and place to reflect on your emotions. However, if you feel you have been adversely affected by unpleasant emotions following the interview or you need more time to reflect on or discuss what you have found about yourself during the interview, you are offered here a list of possible sources of professional help in case you need to refer to them.

Information about British Psychological Society (BPS) chartered psychologists can be found at http://www.bps.org.uk/bpslegacy/dcp; in the language section, you will find 31 languages besides English that BPS members speak if you want to speak in your first language. Information about BPS supervisors can be found at

http://www.bps.org.uk/bpssearchablelists/rapps. Again, you can choose among 32 languages, including English.

The United Kingdom Council for Psychotherapy (UKCP) provides a wider variety of languages. A complete list of counsellors and psychotherapists who can speak languages beside English of up to 79 different languages with access to their full profile can be reached at http://members.psychotherapy.org.uk/find-a-therapist/. A directory of UKCP approved supervisors can be found at http://www.psychotherapy.org.uk/supervisiondirectory.html.

The British Association for Counselling & Psychotherapy (BACP) has provided a directory of psychotherapists who can speak in 64 different languages. You can choose the type of service you need. More information can be found at http://www.itsgoodtotalk.org.uk/therapists/advanced_search. To know more about BACP please refer to http://www.bacp.co.uk/.

Some other available resources for help are as follows:

1. Multilingual Wellbeing Service provides free to low-cost counselling in Farsi, Urdu, Panjabi, Hindi Guajarati, Turkish, Dari, Pashtu, Cantonese, English, and French with the following contact details: Edgware Community Hospital, Burnt Oak Broadway, Edgware, London, HA8 0AD, Land line: 02087326655.

2. The Maya Centre provides free psychodynamic counselling and group psychotherapy for women on low incomes living in Islington in Farsi, French, Portuguese, Bangladeshi, Spanish, Turkish, and English. More information and contact details of the Maya Centre can be found at http://www.mayacentre.org.uk/; their contact details are: The Maya Centre, Unit 8, 9-15 Enthrone Road, London, N19 4AJ Tel: 02072818970.

3. Dilemma consultancy provides low-cost existential therapy in central London. Their brochure can be downloaded at http://www.nspc.org.uk/download-file.html?fileID=S0tyTZSWHN. You can also contact them by phone or email for further information: londonoffice@dilemmas.org.uk; Phone: 08455577753.

4. If you are interested to know more about the benefits of being bilingual, especially in children, you can refer to http://bilingualism-matters.org.uk/. Details of their contact can be found on website. Their email is info@bilingualism-matters.org.uk.

5. If you are a student, you may find this Facebook support group useful: https://www.facebook.com/groups/151790981545960/?fref=ts. They are a group of trainee counsellors who are committed to giving support to each other. There are other similar groups on www.linkedin.com.

6. Waterloo Community Counselling provides free or low-cost counselling in 18 languages beside English. More information about them can be found at http://www.waterloocc.co.uk/. Their address and phone number are Barley Mow Clinic, London, SE1 7BD; 02079283462.

7. If you are looking for a psychotherapist or counsellor from the LGBT community, you can find a directory of names based on their location at http://www.pinktherapy.com/.

8. Metanoia Institute provides counselling and psychotherapy in west London in a variety of languages. http://www.metanoia.ac.uk/therapy/online_directory will show you the directory of their therapists. You can also contact them by phone at 02857925050.

You may also think that talking about your work experience may impact your job. I reassure you that your information would be solely used for this study and would be treated as confidential. For more details about confidentiality of this research and data protection, please refer to the **Participant Information Sheet.**

If you have any further questions or you want to have an electronic copy of the thesis after completion, you can contact me at:

Mehrshad Arshadi

New School of Psychotherapy and Counselling (NSPC)

254-6 Belsize Road

London

NW6 4BT

Email: bilingualnspc@yahoo.co.uk

If you have any concerns about the conduct of the study, you may contact my supervisor:

Dr Rosemary Lodge

New School of Psychotherapy and Counselling (NSPC)

254-6 Belsize Road

London

NW6 4BT

Email: rosemarynspc@gmail.com

Or

The Principal

NSPC Ltd. 254-6 Belsize Road

London NW6 4BT

Admin@nspc.org.uk

0044 (0) 20 7624 0471